

# Parent & Toddler Swim Class

For children 9 months to 3 years of age. Have a blast familiarizing your little one with the water. Games, songs, and group activities will be used to gently help familiarize your child with their aquatic surroundings. Basic water skills will be taught, however this is not a "learn to swim" class. Classes will last roughly 30 minutes. Space is limited so get signed up and get ready for some fun!

## CLASS DATES --- All classes will be held from 5:30-6:00

Tuesday, June 18

Thursday, June 20

Tuesday, June 25

Thursday, June 27

Friday, June 28

\*\*\*If weather forces any cancellations, make up class will be Tuesday, July 2\*\*\*

**\$60 (\$50 Paxton Resident Discount)**

Price is for all 5 classes

Must register by June 11<sup>th</sup>

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

\*\*\*Parent must complete and turn in a participation waiver prior to the first class. Payment must also be received on or before the registration deadline.

Paxton Park District 601 S. Fall St. 217-379-4203 [paxtonparkdistrict@gmail.com](mailto:paxtonparkdistrict@gmail.com)

PAXTON PARK DISTRICT – YOUTH PARTICIPATION WAIVER

The Paxton Park District is committed to conducting its recreation programs and activities in the safest manner possible and holds the safety of participants in the highest possible regard. Participants and parents registering their child in recreation programs must recognize however, that there is an inherent risk of injury or death when choosing to participate in recreation activities. The Park District continually strives to reduce such risks and insists that all participants follow safety rules and instructions which have been designed to protect the participant's safety.

Please recognize that the Paxton Park District does not carry medical accident insurance for injuries sustained in its programs. The cost of such would make program fees prohibitive. Therefore, each person registering themselves or a family member for a recreation program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the Park District automatically responsible for the payment of medical expenses.

Due to the difficulty and high cost of obtaining liability insurance, the agency providing liability coverage for the Park District requires the execution of the following Waiver and Release. Your cooperation is greatly appreciated.

WAIVER AND RELEASE OF ALL CLAIMS FROM PAXTON PARK DISTRICT

Please read this form carefully and be aware in registering your child or ward for participation in this program you will be waiving and releasing all claims for injuries you or your minor child/ward might sustain arising out of this program.

**ACTIVITY/PROGRAM/LEAGUE: Toddler Swim 2019**

As a parent/guardian of a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with such a program.

I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the Park District and its officers, agents, servants, and employees.

I do hereby fully release and discharge the Park District and its officers, agents, servants, and employees from any and all claims from injuries, including death, damage, or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.

I further agree to indemnify, hold harmless, and defend the Park District and its officers, agents, servants, and employees from any and all claims resulting from injuries, including death, damages, and losses sustained by me or my minor child arising out of, connected with, or in any way associated with the activities of the program.

I also understand that by registering my child in a Park District sponsored activity, I give my consent for Park District personnel to take photographs of the activity which my child may be participating, for the sole purpose of professional use, whereas professional use is defined as uploading photographs to the Park District website and/or seasonal activity brochures.

In the event of any emergency, I authorize Park District officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my minor child's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

Upon completion of this waiver, I understand any and all registration fees must also be submitted to the Park District prior to any participation in an activity. Any checks made payable to the Paxton Park District which are returned on the basis of nonsufficient funds are subject to an extra \$25 fee.

Parent(s) Phone if not listed on registration \_\_\_\_\_

Emer. Contact Phone if not listed on registration \_\_\_\_\_

Allergies \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_