Save time and receive immediate registration confirmation! Register online at www.recsports.umn.edu.

learn to swim 2008-2009

REGISTRATION FORM 2008-2009

PLEASE PRINT ALL INFORMATION LEGIBLY

☐ Fall 1 ☐ Fall 2 ☐ Spring 1 ☐ Spring 2 ☐ Summer 1 ☐ Summer 2 ☐ Summer 3

Parent/Guardian 1: _____ Work Phone: _____

Parent/Guardian 2: _____ Work Phone: _____

Address: _____ Apt #: _____

City: _____ Zip Code: _____ Home Phone: _____

Email Address_____ University Affiliation: ☐ U of M Student ☐ U of M Staff ☐ Community

PARTICIPANT 1

First Name: _____ Last Name: _____

Birthdate: _____ ☐ Male ☐ Female

FIRST CLASS:

1st Choice Day: _____ Time: _____ Level: _____

2nd Choice Day: _____ Time: _____ Level: _____

PARTICIPANT 2

First Name: _____ Last Name: _____

Birthdate: _____ ☐ Male ☐ Female

FIRST CLASS:

1st Choice Day: _____ Time: _____ Level: _____

2nd Choice Day: _____ Time: _____ Level: _____

CLASS COST

of Classes _____ x $50 U Student/Staff
$55 Community = $_____

Please note: Costs differ for competitive classes & 6-week sessions. (See page 6 for additional pricing information.)

METHOD OF PAYMENT

☐ Cash

☐ Check Name on Check _____ Check Number _____

(Please make payable to: University of Minnesota)

REGISTRATION AGREEMENT

I wish to register my minor child, and consent to my child's participation in the University Learn To Swim program at the University of Minnesota during 2008-2009. I recognize that participation in recreation and instruction activities, even when well supervised and managed, poses a risk to my child, and I agree to assume such risk on behalf of my child. I understand that children registered for the University of Minnesota Learn To Swim program will receive instruction on principles and techniques of swimming under the supervision of experienced instructors and consent to my child's participation in this Learn To Swim program. I consent to the use of video recordings and photographs of my child's participation in the Learn To Swim programs. In case of an injury, I authorize the staff of the University of Minnesota to render first aid and/or obtain whatever medical treatment s/he deems necessary for the welfare of my child/children listed on this registration. I further understand and agree that I will be financially responsible for all charges and fees incurred in the rendering of said treatment regardless of whether my medical insurance would cover such charges and fees. I, the undersigned, hereby hold the Regents of the University of Minnesota harmless from liability for all medical expenses, which my minor child may incur during their involvement in the University of Minnesota. I understand that the University of Minnesota reserves the right to dismiss children due to inappropriate behavior that could lead to physical or emotional harm of themselves or others. I also understand that the University of Minnesota reserves the right to remove children whose behavior contributes to the continued disruption of activity programming. I have read, understand and agree to the terms and conditions of the registration as they relate to my child.

Parent/Guardian Signature:_____ Date:_____