

# PARTICIPATION WAIVER

## Please read and sign the waiver below.

You acknowledge that your attendance at or use of HFC, including without limitation your participation in any of HFC's programs or activities and your use of HFC's equipment and facilities, and transportation provided by HFC, could cause injury to you. In consideration of your membership in HFC, you hereby assume all risks of injury which may result from or arise out of your use of the premises, attendance at or use of HFC or its equipment, activities, facilities, or transportation; and you agree, on behalf of yourself and your heirs, executors, administrators and assigns, to fully and forever release and discharge HFC and Northwestern Lake Forest Hospital and Northwestern Memorial Health Care, and their respective officers, directors, employees, agents, successors and assigns, and each of them (collectively, the "Releases"), from any and all claims, damages, demands, rights of action or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of your attendance at or use of HFC or its equipment, activities, facilities or transportation, including without limitation any claims, damages, demands, rights of action or causes of action resulting from or arising out of the negligence of the Releases. Further, you hereby agree to waive any and all of such claims, damages, demands, and rights of action or causes of action. Further, you hereby agree to release and discharge the Releases from any and all liability for any loss or theft of, or damage to, personal property. In addition, you grant Lake Forest and Lindenhurst Health and Fitness Centers permission to utilize your image or likeness for any promotional or marketing materials, including but not limited to any and all social media platforms, for the sole and exclusive use of it's respective purposes only. You acknowledge that you have carefully read this waiver and release and fully understand that it is a waiver and release of liability.

Special medical / developmental conditions: YES NO

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Participant's (Guardian) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if participant is under 18 years of age)

Emergency contact information

Name: \_\_\_\_\_

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

# GUIDELINES

**Class Size:** Minimum of 4. If a class does not reach the minimum number of students classes may be combined, or you will be offered another class time, or a refund. **Low enrollment classes will be cancelled no later than 48 hrs. before the class start date.**

**Session** meets once a week for seven, thirty minute, sessions. There are no make up classes for group swim lessons.

**Wait List:** You will be put on a wait list when the classes are full. **You will be called 48 hrs. before the class start date.**

Registrations and payment are taken by mail, in person or by fax: Fax# 847-535-7599

Three year olds MUST show proof of age to sign up for the Preschool classes. All children in diapers must wear swim diapers and/or rubber pants over the swim diaper.

**Progress Reports** will be handed out the last day of class. Registration information, for the next session, can be found at the front desk during registration week.

Parents are not allowed on deck during class, but MUST remain in the building.

**Parents/Guardians please use same sex locker rooms and allow families of opposite genders to utilize the family changing rooms.** Your timely use of these rooms is both requested and appreciated.

No refunds will be given after the first class of the session. There is a late fee of \$10.00 if registration is received within 48 hours prior to the first class.

Private / semi-private lessons must call at least 24 hours before your scheduled lesson to avoid late cancellation fee. The full rate will be charged.

# SWIM LESSONS

## SESSION I - 2018



Member  
Registration Begins:  
**December 13th**

~  
Non-Member  
Registration Begins:  
**December 16th**

~  
Session dates:  
**January 8th**  
to  
**February 24th**

~  
**Mail, fax or drop off  
registration and payment to:**

**HEALTH & FITNESS CENTER  
3098 FALLING WATERS BLVD.  
LINDENHURST, IL 60046  
Fax# 847-535-7599**

# CLASS LE CLASS DESCRIPTIONS

Parent and Two+ Ages 24 mos.-36 mos.\*

Date	Day	Time	M/NM
1/13-2/24	Sat.	10:45-11:15 AM	\$70/105

## Preschool—Ages 3-5 years old

Frog

Date	Day	Time	M/NM
1/8-2/19	Mon	4-4:30 PM	\$70/105
1/9-2/20	Tues	12:30-1 PM	\$70/105
1/10-2/21	Wed	4-4:30 PM	\$70/105
1/13-2/24	Sat	10:30-11:00 AM	\$70/105

Salamander

Date	Day	Time	M/NM
1/8-2/19	Mon	4:30-5 PM	\$70/105
1/9-2/20	Tues	1-1:30 PM	\$70/105
1/10-2/21	Wed	5-5:30 PM	\$70/105
1/13-2/24	Sat	11:15-11:45 AM	\$70/105

Turtle/Fish

Date	Day	Time	M/NM
1/8-2/19	Mon	5-5:30 PM	\$70/105
1/9-2/20	Tues	1-1:30 PM	\$70/105
1/10-2/21	Wed	4:30-5 PM	\$70/105
1/13-2/24	Sat	11:30 AM-12 PM	\$70/105

## Youth—Ages 6 years old and up

Polar Bear

Date	Day	Time	M/NM
1/10-2/21	Wed	5-5:30 PM	\$70/105
1/13-2/24	Sat	11-11:30 AM	\$70/105

Walrus

Date	Day	Time	M/NM
1/8-2/19	Mon	5-5:30 PM	\$70/105
1/10-2/21	Wed	4:30-5 PM	\$70/105
1/13-2/24	Sat	11:30 AM-12 PM	\$70/105

Penguin

Date	Day	Time	M/NM
1/8-2/19	Mon	4:30-5 PM	\$70/105
1/10-2/21	Wed	5-5:30 PM	\$70/105
1/13-2/24	Sat	10:45-11:15 AM	\$70/105

Otter/Seal/Dolphin/Shark

Date	Day	Time	M/NM
1/8-2/19	Mon	5-5:30 PM	\$70/105
1/10-2/21	Wed	4:30-5 PM	\$70/105
1/13-2/24	Sat	11:15-11:45 AM	\$70/105

\*Returning Session II—Parent and Tot ages 6 mos.-36 mos.

Classes may be combined if/when appropriate.

All class times are subject to change.

1/11-2/22	Sat	11:15-11:45 AM	\$65/100
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ALL CLASS TIMES ARE SUBJECT TO CHANGE

Classes may be combined if/when appropriate.

## PARENT AND TWO+ for ages 24-36 mos.

Register by age. Child and parent experience water exploration, developmental skills and safety.

## P1-P4 for ages 3-5 years old

Frog (P1)

First level without parent. For beginning swimmers with no prior lesson experience. Will learn water adjustment, bubbles, face wet.

Salamander (P2)

Must have passed Frog or test out. Will learn assisted swimming, horizontal body position and beginner rhythmic breathing.

Turtle (P3)

Must have passed Salamander or test out. Will combine rhythmic breathing while swimming and develop endurance.

Fish (P4)

Must have passed Turtle or test out. Will perform unassisted swimming; gains endurance and retrieve underwater objects.

## Y1-Y7 for ages 6 years old and up

Polar Bear (Y1)

For beginning swimmers. No prior swimming lesson experience.

Walrus (Y2)

Must have passed Polar Bear, Salamander and age appropriate, or test out. Will learn breathing, paddling, floating and kicking techniques.

Penguin (Y3)

Must have passed Walrus, Turtle/Fish and age appropriate, or test out. Will learn front and back crawl, elementary backstroke and develop endurance.

Otter (Y4)

Must have passed Penguin or test out. Refines and expands stroke proficiency; gains endurance, and learns open turns.

Seal (Y5)

Must have passed Otter or test out. Increases endurance. Begins preparation for swim teams, flip turns and general water skills.

Dolphin (Y6)

Must have passed Seal or test out. Blends strokes, practices for specific events. Increases endurance and lung capacity. Prepares for swim teams and develops leadership skills.

Shark (Y7)

Must have passed Dolphin or test out. Increases distance and endurance. Challenged weekly with various swim workouts.

# REGISTRATION FORM

## Session I - 2018

Are you a current member of HFC? Yes No

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Participant Name: \_\_\_\_\_

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

Child's DOB: \_\_\_\_\_ Level: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

**1st Choice**

Day: \_\_\_\_\_ Time: \_\_\_\_\_

**2nd Choice**

Wait List? Yes No

\*\*\*\*\* Subtotal: \*\*\*\*\*

Participant Name: \_\_\_\_\_

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

Child's DOB: \_\_\_\_\_ Level: \_\_\_\_\_

Day: \_\_\_\_\_ Time: \_\_\_\_\_

**1st Choice**

Day: \_\_\_\_\_ Time: \_\_\_\_\_

**2nd Choice**

Wait List? Yes No

\*\*\*\*\* Subtotal: \*\*\*\*\*

**MUST COMPLETE OTHER SIDE**

### Method of Payment:

Cash Check #: \_\_\_\_\_

House Charge ~ Account # \_\_\_\_\_

Visa / MC: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_