Tremont Area Park District
22522 IL RT 9
TREMONT, IL 61568
(309)-925-3811
TAPDFACRES@GMAIL.COM
WWW.TREMONTPARK.ORG

2026 Swim Lessons Registration

Please Follow the Directions Below and Complete the Form in its Entirety.

Lessons Per Session: $55.00 resident/$75.00 non-resident **(We do NOT accept mail in registrations)**
Must be 3 years or older and be able to touch in 3ft except for Parent Tot

Parent/Guardian Information:

Name_____ Email _____

Address _____City _____ Zip _____

Primary Phone # _____ Secondary Phone # _____

Participant Information:

Participants Name	*M/F*	*DOB*	*Session*	*Level*	*Time*	*Fee*
1.						
2.						
3.						
4.						
5.						
INTERNAL USE ONLY: Paid : Check #_____ Cash _____				**TOTAL FEES**		

Previous Lessons(not Tremont)_____Turk Center _____

Emergency Contact:

Name _____ Phone_____

REGISTRATION POLICIES AND PROCEDURES

The Park District reserves the right to cancel, postpone, or combine classes and change instructors. Programs not meeting the minimum registration one week prior to the start of class will be cancelled. Cancellation decisions will in most cases be made one week in advance of the beginning of the program. All participants in cancelled classes will be notified by Park District Staff and will receive a full refund. If minimum enrollment is met, registrations will continue to be accepted until the class is full. Registration is not accepted by instructors. Please register at the pool front desk..
There is a $20 charge for checks returned for insufficient funds. All fees must be paid at the time of registration. Participation in any TAPD program will not be allowed until all outstanding balances due to the park district are paid in full. If payment arrangements are needed, please call the TAPD office prior to registration.

Internal Use Only:
PAID: cash _____ or check # _____ Total fees: _____

Session Details:

Morning Lessons

- Morning lessons run for 2 weeks and have 8 classes in each session.
- Sessions are Monday- Thursday Mornings.
- ALL levels are offered at 10:00-10:30am and 10:30-11:00am.
- Session Dates:
    - Session 1- June 15th to June 25th
    - Session 2- June 29th to July 9th
    - Session 3- July 13th to July 23rd

Evening Lessons

- Evening lessons run for 4 weeks and have 8 classes in each session.
- Sessions are Monday & Wednesday nights.
- ALL levels are offered at 5:30-6:00pm and 6:00-6:30pm.
- Session Dates:
    - Session A: June 8th to July 1st
    - Session B: July 6th to July 29th

WAIVER AND RELEASE

Please read this form carefully and be aware that in registering yourself, 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. As a participant in the program or the 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 or associated with such 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 full 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 on account of my participation in the program. I further agree to indemnify and 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/ward and arising out of, connected with or in any way associated with the activities of the program. In case of accident or sickness, I consent to emergency medical care provided by ambulance or hospital personnel. I hereby consent to the use of my photograph in the Park District brochures, publications, slide presentations, etc.
I have read and fully understand the above Registration Policies and Procedures and Waiver and Release of all Claims.

Parent or Guardian Signature **Date**

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