



Child's Last Name _____ Child's First Name _____
 Parent's Last Name _____ Parent's First Name _____
 Phone Number _____ Age of Child: _____
 E-MAIL - _____

*Find us on Facebook for important information regarding swim lessons at **Peak Neptunes: Learn to Swim**

*E-Mail Address for Swim Lessons: lbs@peakfitnessusa.com

5-WEEK SESSION

January 7 – February 9, 2019

***Swim Lessons will be held on Martin Luther King Jr. Day, Monday, January 21, 2019 ***

Skill Level (may be adjusted at the discretion of the instructor)

Parent/Tot _____ Level 1 _____ Level 2 _____ Level 3 _____ Level 4 _____

Monday

4:25-5:10PM _____

5:15-6:00PM _____

Wednesday

4:25-5:10PM _____

5:15-6:00PM _____

Saturday

9:25-10:10AM _____

10:15-11:00AM _____

	<u>1x/week</u>	<u>2x/week</u>	<u>3x/week</u>
Member Rate	\$45 _____	\$85 _____	\$120 _____
Non-Member Rate	\$70 _____	\$135 _____	N/A

***Must pay at time of Registration / No make-up classes available**

Peak Sports Club – Minor Consent and Liability Release Form

Participant understands that he or she is using the facilities at their own risk. Peak Sports Club shall not be liable for any damages arising from personal injuries and damages which may occur in or about the premises and he or she does hereby full and forever release and discharge Peak Sports Club owners and operators, all associated facilities, their owners, employees and agents from any and all claims, demands, damages, rights of action, present or future, resulting from or arising out of the participants use of the facilities. Participation is entirely his or her own choice with the understanding of risk of accidental injury involved in any activity involving unusual motion or height including, but not limited to those bodily injury, partial and/or total disability, paralysis and death. There may be other risks not known to us or are not reasonably foreseeable at this time.

I agree that this consent and liability release form covers each and every event or activity sponsored by Peak Sports Club and/or their affiliated organizations. I have read the above waiver and sign it voluntarily.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date



4401 Peak Dr. Loves Park, IL 61111 Ph. - 815.877.4401