

SUMMER 2018 ADULT WATER EXERCISE

EAST T/TH 10-10:45AM \$35

JULY 6,11,13,18,20,25,27

WEST M/W/F 9:30-10:15AM \$60

JUNE 5,7,<sup>9</sup>12,14,16,19,21,23,26,28,30

CENTRAL M/W/F 9:30-10:15AM \$50

JULY 10,12,14,17,19,21,24,26,28,31

# AQUATIC CENTER REGISTRATION - DISTRICT #210 RESIDENTS ONLY

**1<sup>ST</sup> CHOICE**  
Participant Name/Program Name

Session(s) #      Day      Time      Age      Central      East      West

_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2<sup>ND</sup> CHOICE**  
Participant Name/Program Name

Session(s) #      Day      Time      Age      Central      East      West

_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Lincoln-Way Central H.S. Aquatic Center  
1801 East Lincoln Highway  
New Lenox, IL 60451  
815-462-2328

Lincoln-Way East H.S. Aquatic Center  
201 Colorado Avenue  
Frankfort, IL 60423  
815-464-4175

Lincoln-Way West H.S. Aquatic Center  
21701 South Gougar Road  
New Lenox, IL 60451  
815-717-3526

## LWHS Swim Program Registration

## Important Registration Information

### Household Information (Please Print)

Parent/Guardian \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Name \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_  
 Special Medical Conditions / Medication \_\_\_\_\_

Residents and/or children with special needs are encouraged to phone the District Aquatic Director, Robin Surdey:

- |   |   |   |  |   |  |
|---|---|---|--|---|--|
|  | Lincoln-Way Central High School<br>815-462-2325 |  | Lincoln-Way East High School<br>815-464-4175 |  | Lincoln-Way West High School<br>815-717-3525 |
|---|---|---|--|---|--|

Registration is limited to residents of District #210. District residents may register for programs at the high school of their choice, however, we request that residents refrain from registering for the same program at each high school.

\* I do hereby fully release and discharge Lincoln-Way High School District 210 and other released parties, from any and all claims resulting from injuries, damage or loss that I may have or which may accrue to me on account of my participation in this program. I further agree to indemnify, hold harmless and defend Lincoln-Way High School District 210 and any and all other released parties, from any and all claims resulting from injuries, damages, and losses sustained by anyone, and arising out of, connected with, or in any way associated with my conduct and the activities of these programs.\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FILL IN ALL APPROPRIATE SPACES. Missing information may delay your registration.**  
 Make checks payable to Lincoln-Way High School or complete the credit card information below.  
 TOTAL ENCLOSED \$ \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 digit code \_\_\_\_\_  
 Visa  Mastercard  Discover \_\_\_\_\_ Signature \_\_\_\_\_

**REQUESTS FOR FEMALE OR MALE INSTRUCTORS WILL NOT BE HONORED.**  
 Parents will NOT have input in placement by phone or mail.  
 Refunds, credits and makeup classes are not available if class is missed. No refunds will be issued for cancellations made less than 2 business days prior to each session.