

AQUATIC CENTER REGISTRATION - DISTRICT #210 RESIDENTS ONLY

1ST 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"/>

2ND 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
815-462-2326

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

Household Information (Please Print)

Parent/Guardian _____
 Home Address _____
 City _____ State _____ Zip _____
 Home Phone (____) _____-____ Work Phone (____) _____-____
 Email _____
 Emergency Name _____
 Phone (____) _____-____
 Special Medical Conditions / Medication _____

Important Registration Information

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



Lincoln-Way Central
High School
815-462-2325



Lincoln-Way East
High School
815-464-4175



Lincoln-Way West
High School
815-717-3525

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 # _____
 Visa Mastercard Exp. Date _____ 3 digit code _____
 Discover Signature _____

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.

All registration must be mailed directly to the appropriate school. In addition, there will be a registration drop box located in the lobby of all aquatic centers.

REQUESTS FOR FEMALE OR MALE INSTRUCTORS WILL NOT BE HONORED.

Parents are required to check the rosters prior to the start of the session. 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.