

LW West High School Aquatic Center

LEARN TO SWIM (Wednesday Evenings)

District #210 Residents Only

Ages 4 – 12

Fee: \$50/session

6:00 pm - 6:45pm

7:00 pm - 7:45pm

Session 1: Nov. 7th, 14th, (skip 11/21) 28th, Dec. 5th, 12th

Session 2: Jan. 9th, 16th, 23rd, 30th, and Feb. 6th

All Lottery Registration Must Be Received by noon on Friday, September 28th. Class rosters will be posted online Friday, October 12th. Please indicate 2nd choice in the event your first choice is unavailable.

Parents **WILL NOT** be notified of class placement by phone or mail. Parents are required to check the rosters prior to the start of the session.

Refunds, credits and make-up classes are not available if class is missed. No refunds will be issued for cancellations made less than 2 business days of each session.

MUST BE PREREGISTERED BEFORE SESSION STARTS

NO WALK-INS ACCEPTED

Important Registration Information

REQUESTS FOR FEMALE OR MALE INSTRUCTORS WILL NOT BE HONORED.

Residents and/or children with special needs are encouraged to phone the Swim Lesson Coordinator.

Constance Schram **815-462-2328**

Lincoln-Way High School residents may mail or drop off completed registration forms with payment to the appropriate Aquatic Center.

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

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

Lincoln-Way West
Aquatic Center
21701 S Gougar Rd.
New Lenox, IL 60451
815-717-3525

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

Important Registration Information

Household Information (Please Print)
Parent/Guardian _____

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

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

	Lincoln-Way Central High School 815-462-2325		Lincoln-Way East High School 815-464-4175		Lincoln-Way West High School 815-717-3525
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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 # _____
O Visa O Mastercard Exp. Date _____ 3 digit code _____
O Discover Signature _____

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.