



6116 Wilson Mills Road, Mayfield Village, OH 44143 440-995-6840 www.mayfieldschools.org

Wednesday Adult Learn To Swim Program

- **Fall I 2016:** Wednesday, September 21, 28, October 5, 12, 19, 26
- Cost for lessons: \$42 for school district resident or \$52 for non-school district resident
- If you are unsure of what level you should be registered for please contact the Aquatics Supervisor prior to registration by calling 440-995-6840.
- The Aquatics Supervisor reserves the right to make final decisions on class placement
- For levels with less than 3 students times may change. We will notify you of any changes before classes begin.
- No refunds or makeups will be given for any individual missed class.
- Non-Member Swim Lesson participants are not permitted to swim before or after lessons

In Person Registration Information

- All registration must be done in person.
- Registration takes place at Wildcat Sport & Fitness daily beginning Tuesday, September 6, 2016 for School District Residents and Wednesday, September 14, 2016 for Non- School District Residents.
- Registration will close Friday September 16, 2016.

Payment Information

- Acceptable forms of payment are: cash, check (Payable to Mayfield City Schools), or Credit Card (Visa Master Card or Discover)

Adult Swimming Lessons Levels

LEVEL/TIMES/LOCATION	AGE REQUIREMENTS	DESCRIPTION
Level I Beginner 7:00 – 7:45 PM Lane 1	Age: 16+ Min/Max: 3/8	This class will focus on the basics of learning to swim. No previous skills required.
Level II 7:00 – 7:45 PM Lane 1	Age: 16+ Min/Max: 3/8	This class will focus on improving basic skills and swimming strokes. Participant must be comfortable in chest deep water, able to put face in water and able to perform strokes that can be recognized as front crawl, breaststroke and back crawl.

Registration Form

Fall I 2016 Pool Programs: Bring to Wildcat Sport & Fitness

Participant's Name _____ D.O.B. _____ Home Phone _____

Address _____
(street) (city) (zip)

Cell/Work Phone _____ Email _____

Emergency Name _____ Contact Phone _____

Circle level: Level *: I-7:00 PM II- 7:00 - **Please note the time of the class, you will only be notified in the event of a class cancellation.**

TOTAL AMOUNT DUE: \$ _____

AGREEMENT TO INDEMNIFY, AND NOT SUE, AND RELEASE OF ALL CLAIMS

As a participant in a program, activity or membership offered by:(1)the Village of Gates Mills;(2)the Highland Heights Recreation Department; (3) the Mayfield City School District Board of Education; (4) the City of Mayfield Heights Parks and Recreation Department; and/or (4) the Mayfield Village Parks and Recreation Department(hereinafter collectively referred to as the "Wildcat Sport and Fitness" WSF) to be held within or about the WFS, Releasor (or the participant for whom Releasor will sign if the participant is under 18 years of age) recognizes and acknowledges that Releasor may be exposed to a variety of risks, and Releasor agrees to assume all such risks including, but not limited to, physical injuries, death, loss of services or consortium, loss or damage to property, or any other loss or injury which Releasor may sustain as a result of participating in any and all activities connected or associated with Releasor's use of the WSF or participation in any programs associated with the WSF.

Releasor acknowledges that Releasor has no physical limitations or disabilities of any kind which may restrict or limit Releasor, in any way, from participating in any activity to be held within or about the WSF. Releasor acknowledges that any special accommodation Releasor may need in order to participate in activities within the WSF will be brought to the attention of the WSF, in writing, at least one week prior to Releasor's participation in any activity conducted within or about the WSF.

In consideration of the WSF accepting Releasor's registration and participation, and with the intent to be legally bound, Releasor for himself, his heirs, next of kin and assigns, hereby: (1) releases the WSF and any of its officers, officials, agents, employees, volunteers, independent contractors and other representatives from any and all claims, liabilities, demands, actions or causes of action in any way resulting from my participation in this and any other programs of the WSF; (2) waives and relinquishes any claim Releasor had, has or may have as a result of Releasor participating in any programs or activities offered by the WSF; and (3) covenants not to sue and agrees to hold harmless and defend the WSF and any of its officers, officials, agents, employees, volunteers, independent contractors and other representatives, from any and all claims, liabilities, demands, actions or causes of action in any way resulting from Releasor's participation use of, in any manner, the WSF.

USE OF PHOTOGRAPHS: Releasor hereby grants and provides the WSF the right to use Releasor's image or photograph (or the photograph or image of the participant for whom Releasor is signing) with or without Releasor's name, individually and in conjunction with others for any purpose including, but not limited to, private or public presentations, advertising, publicity and promotion. Releasor warrants that Releasor has the right to authorize the foregoing and does agree to hold the WSF harmless from any and all liability of whatever nature which may arise out of result of such uses.

Signature: _____ **Date:** _____

For Office Use Only: Proof of Residency verified for District Rates by: _____ **Date:** _____