PEAK NEPTUNES
LEARN TO SWIM

Child's Last Name _____ Child's First Name _____

Parent's Last Name _____ Parent's First Name _____

Phone Number _____ Age of Child: _____

Email Address _____

*Find us on Facebook for important information regarding swim lessons at
Peak Neptunes: Learn to Swim
*E-Mail Address for Swim Lessons: LTS@peaksportsclub.com

Session 1: 6 Weeks
January 8 – February 17, 2024

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

Parent/Tot_____ **Level 1**_____ **Level 2**_____ **Level 3**_____ **Level 4**_____

Monday	**Wednesday**	**Saturday**
4:25-5:10pm ____	4:25-5:10pm_____	9:25-10:10am_____
5:15-6:00pm_____	5:15-6:00pm ____	10:15-11:00am_____

	1x/week	**2x/week**	**3x/week**
Member Rate	$85 _____	$150____	$210_____
Non-Member Rate	$120 _____	$220 ____	N/A

Registration is only available during the first week of swim lessons* *Must pay at time of Registration / Make-ups available based on availability

Peak Sports Club – Minor Consent and Liability Release Form

Participant understands that he or she is using the facilities at their own risk. PC Loves Park, LLC 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 PC Loves Park, LLC, its 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 PC Loves Park, LLC and/or their affiliated organizations. I have read the above waiver and sign it voluntarily.

_____ _____ _____
Parent/Guardian Printed Name | Parent/Guardian Signature | Date

PEAK SPORTSCLUB

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