



# PARALYMPIC SPORT CLUB

CHICAGO

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## ADAPTIVE SWIM CLINIC

Saturday, February 4, 2012

The dare2tri Paratriathlon program, a collaboration between the Chicago Park District and the Great Lakes Adaptive Sports Association, is offering a FREE, one day swim clinic for individuals with physical disabilities and visual impairments.

Swimmers will learn:

- Proper Swim Stroke
- Training Tips and Techniques
- Maximizing your Breathing

All ages are welcome and a basic ability to swim is recommended.

There will be 3 pool lanes available for the swim clinic. Other lanes will be used by the Chicago Park District for lessons and/or programs.

Four Sessions are Available:

Session 1:	10:00am – 11:00am	Spinal Cord Injuries
Session 2:	11:00am – 12:00pm	Amputees
Session 3:	12:00pm – 1:00pm	Visually Impaired
Session 4:	1:00pm – 2:00pm	All Other Disabilities

Location: Fosco Park Pool  
1312 S. Racine Avenue  
Chicago, IL 60608

Volunteers are needed! All swimmers must complete the Chicago Park District participant waiver. Please note which session you are signing up for.

Please fax or email registration by January 31<sup>st</sup> to:  
Daniel Tun, Special Recreation Coordinator  
daniel.tun@chicagoparkdistrict.com  
312-296-5982 (office)      312-742-5393 (fax)





# chicago park district

## Participant Information

Park Name \_\_\_\_\_

NOTE: This form must be filled out in its entirety without modification or participation will be denied.

### Participant Information

Participant Name(s) \_\_\_\_\_

Registered Receipt Numbers/Activity Codes/Activity Names \_\_\_\_\_

Street Address, Apt/Unit \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Email Address (optional) of Participant or Parent/Legal Guardian \_\_\_\_\_

School (if student) \_\_\_\_\_

Grade (if student) \_\_\_\_\_ Age \_\_\_\_\_ T-shirt size\* \_\_\_\_\_

\*Not all programs provide T-shirts. Choose from youth sizes 2T-4T, 2-3, 4-5, 6-8, 10-12, 14-16, or adult sizes S, M, L, XL

### Emergency Information

#### Primary contact

Name (Parent/Legal Guardian if Participant is a child) \_\_\_\_\_

Participant's Physician/Hospital Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

#### Secondary Contact

Name \_\_\_\_\_

In the event of a medical emergency, I hereby authorize and give my consent to the Chicago Park District and its employees, coaches and/or volunteers to secure from any accredited hospital, clinic, and/or physician any treatment deemed necessary for my or my child's immediate care. I agree that I shall remain responsible for any and all expenses incurred for such emergency medical care and treatment.

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Participant Special Needs, such as Allergies/Medications \_\_\_\_\_

Signature (Parent/Legal Guardian if Participant is a child) \_\_\_\_\_ Date \_\_\_\_\_

### Agreement to Participate

I hereby give permission for my child to participate in park activities, including swimming and field trips. I fully assume all responsibility for injuries she/he or I may receive or articles lost while participating in these activities or while in travel to or from said activities and field trips, and hereby release the Chicago Park District and its employees from liability for any injury I or my child(ren) may sustain.

I have received, read and understand the "Program Information Sheets for Parents" (for Summer Camp and PARK Kids only) and agree to abide by the policies stated therein. I understand that this form will be due the first day of class or my child will not be enrolled. I have read and agreed to all the information contained in the above Parental Agreement and have filled out emergency information on my child(ren).

I hereby grant permission to the Chicago Park District for the use of any and all photos in which I or my child(ren) may appear (wards of the State excluded). The usage is inclusive of, but not limited to, the publication or inclusion in brochures, posters, catalogs, handbooks, banners, and broadcast or print advertisements. I agree to waive any claim to compensation for use of said photos.

I agree to allow my information to be entered into a database that may be used in aggregate for reporting and analysis on this program.

Signature (Parent/Legal Guardian if Participant is a child) \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Legal Guardian Agreements

The following agreements apply to all Park District programs.

**Who is permitted to pick up your child(ren)?** Your child(ren) will only be released to listed person(s). Anyone picking up a child must present a picture I.D.

**My child(ren) may walk home unescorted at time of dismissal.**  Yes  No

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

**Is anyone prohibited from picking up your child(ren)?**  Yes  No

If yes, who?

I understand my child must be picked up daily by the assigned dismissal time or a \$5.00 per 30 minutes late fee will be assessed. Warning: Repeated late pick-up (more than twice) will result in the expulsion of your child from the program. If your child has not been picked up by 8:00 p.m., the park staff will contact the Police Department.

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Signature Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_