

# Winter/Spring 2010

# MIDTOWN ATHLETIC CLUB®

## Swim Registration Form

Bannockburn

### WINTER 1 / 8 WEEKS

Monday, November 30, 2009 through  
Sunday, February 7, 2010  
Registration begins Monday,  
November 16, 2009

### WINTER 2 / 8 WEEKS

Monday, February 8 through  
Sunday, April 11, 2010  
Registration begins Monday,  
January 18, 2010

### SPRING / 8 WEEKS

Monday, April 12 through  
Sunday, June 6, 2010  
Registration begins Monday,  
March 15, 2010

*Circle the session you are registering for above.*

#### First Choice:

Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

#### Second Choice:

Class: \_\_\_\_\_

Day: \_\_\_\_\_

Time: \_\_\_\_\_

*Assume first choice unless otherwise notified.*

Name (Please Print) \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Total Program Fees: \_\_\_\_\_ Member  Yes  No

*Full payment must accompany registration form.*

10% discount on the second and third child in the same family (**available to members only**)

10% discount for a child enrolled in two of the same group swim classes during one session  
(**available to members only**)

Charge my:  Club Account  VISA  MASTERCARD  DISCOVER  AMEX

Account # \_\_\_\_\_ Exp. \_\_\_\_\_

*Non-members are welcome to participate in one session of children swim program.*

**RELEASE AND HOLD HARMLESS WAIVER.** I represent that my child is physically fit to perform swimming and other activities which s/he may undertake at the Midtown Athletic Club (the "Club") and that I am solely responsible for all health risks associated with such activities. I hereby, individually and on behalf of my child, fully and forever waive, release and discharge the Club and/or their owners, managers, shareholders, officers, directors, employees, agents and affiliates from any and all claims, damages, demands, rights or causes of action, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of my child's attendance at the Club. Further, I hereby, individually and/or on behalf of my child, release and discharge the Club from any and all liability for any loss of, or theft of, or damage to personal property.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MIDTOWN**  
ATHLETIC CLUB®

www.midtownclubs.com

Midtown Athletic Club  
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Bannockburn, IL 60015

For more information, contact Nanette Goltz at (847) 945-1818