



Program Registration Form

See current listing of Course/Program Offering online @ www.UTRecCenter.com

To register, submit this completed form, front and back and full payment at least 5 days before the class starts.
Only one registrant per form. **REGISTRANTS MUST PAY AT THE TIME OF REGISTRATION.**

Name _____ (If Office of Recreation staff, list dept. _____)

Phone _____ E-mail Address _____

Address _____ City _____ State _____ Zip _____

Are there any health considerations/disabilities that your instructor should be aware of? (Write no, or if yes, comment.)

Programs/Classes: check all that you are registering and paying for, write in the start date, and circle the cost

*If you miss a class session, refunds or make-up sessions are not offered.

UT Student or SRC Member NON Member Camp Adv. SRC Staff

<input type="checkbox"/> Lifeguard Training.....	1st Day of Class: _____	\$130	\$140	\$120	\$25
*Must be a STRONG swimmer. MUST sign up for a pre-course test Prior to first day.					
<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 100px; height: 20px; background-color: black; margin-right: 10px;"></div> <div style="text-align: center;"> <p>Pre-course Testing Date: _____</p> <p><i>Must be prior to first day of your lifeguard Training Class.</i></p> </div> </div>					
<input type="checkbox"/> Lifeguard Training Challenge.....	1st Day of Class: _____	\$60	\$70	\$50	\$17
*Must know material and skills VERY, VERY well to pass!					
<input type="checkbox"/> Basic Water Rescue.....	1st Day of Class: _____	\$35	\$35	\$35	\$35
*Must be comfortable in water to your shoulders & able to put face in water..					
<input type="checkbox"/> First Aid.....	1st Day of Class: _____	\$35	\$40	\$30	\$22
<input type="checkbox"/> CPR/AED.....	1st Day of Class: _____	\$55	\$65	\$50	\$22
<input type="checkbox"/> CPR/AED Challenge.....	1st Day of Class: _____	\$35	\$40	\$30	\$17
*Must know material and skills VERY, VERY well to pass!					
<input type="checkbox"/> FA, CPR, AED Instructor.....	1st Day of Class: _____	\$150	\$150	\$150	\$25
*Must be FA/CPR/AED certified.					
<input type="checkbox"/> Lifeguard Instructor.....	1st Day of Class: _____	\$160	\$160	\$160	\$25
*Must be LGT certified.					
<input type="checkbox"/> Learn-To-Swim; Child.....	1st Day of Class: _____	\$50	\$60	\$50	n/a
*Weekender Sessions – age 6-13					
<input type="checkbox"/> Learn-To-Swim; Adult.....	1st Day of Class: _____	\$50	\$60	\$50	\$10
*Weekender Sessions – age 14 and up					
<input type="checkbox"/> Water Safety Instructor.....	1st Day of Class: _____	\$120	\$130	\$110	\$25
*Must be at least a level 5 swimmer, ready to test swimming skills on day one.					
<input type="checkbox"/> Other _____	1st Day of Class: _____	_____	_____	_____	_____

Parking Pass: I do NOT need a parking pass, I already have one or my class is Friday after 5 p.m., weekend or break.
 I DO need a day parking permit, my class sessions that occur anytime Monday - Thursday or Friday before 5 p.m.
 (If you need a parking pass, parking passes will be mailed to you at no additional cost.)

OFFICE USE ONLY: Date Sent: _____ Staff Name: _____

Payment: Drop off your registration and payment at Student Recreation Center; on E. Rocket Drive, off Douglas Road.
 Mail the completed registration and waiver forms with a check made out to “The University of Toledo”.
 Mail or FAX the completed registration and waiver forms with your Visa or Master Card information.

Type of Card: _____ Name on Card: _____

Card Number: _____ Exp. Date: _____

Signature of Card Holder: _____

Recreation Liability Release
The University of Toledo Office of Recreation

Emergency Contact: Name: _____ Relation: _____ Phone: _____

The undersigned, in consideration of his/her voluntary participation in activities of the University of Toledo's Office of Recreation involving the use of its facilities and equipment, understands and assumes the risk of any injuries to his/her person, including death, or damage to his/her property which may result from his/her participation in such activities or arising from the use of the Office of Recreation's equipment or facilities.

The undersigned, on behalf of his/her heirs, executors, administrators and assigns, hereby waives, releases and discharges the State of Ohio, The University of Toledo, its trustees, officers, employees and agents from any and all claims, demands or causes of action for loss, cost, injury or damage whatsoever arising from or out of the undersigned's participation in the Office of Recreation's programs or the use of its equipment and facilities.

Program Date(s): _____

Participant, if 18 or older or a UT student, please print & sign your name above.

_____ Date

PARTICIPANTS AGE 17 AND YOUNGER: (Any registered UT student may sign for his/herself.)

Parent or Legal Guardian, please print & sign YOUR name above.

_____ Date

Parent/Guardian Phone(s) #: _____

Minor Participant's Name: _____

Participant's Age: _____

REFUND POLICY - CHECK POLICY

- Refunds are mailed in the form of a The University of Toledo check; processing takes about three weeks.
- If a class is cancelled or rescheduled by the Office of Recreation, registrants will receive a voucher good toward the same class held at a future date within one calendar year or receive a full refund. (University of Toledo refunds can take up to eight weeks)
- If a registrant drops a class with at least five days notice, s/he will receive a voucher or refund less a \$15 processing fee.
- If a registrant drops a class with less than a five day notice, no credit or refund will be issued.
- Refunds or make up sessions will not be given for missed sessions.
- Participants who fail or fail to attend all sessions of a certification class will not receive a credit or a refund.
- The Office of Recreation reserves the right to ask for additional ID for any payment. The Office of Recreation reserves the right to contact agencies supporting a personal check to verify sufficient funds. Checks will not be accepted from individuals who have had returned checks anywhere/anytime at UT. Refunds will only be processed after the check has cleared.
- To drop or reschedule a class and to ask questions; contact Mike Thomas @ 419.530.3719 or mike.thomas@utoledo.edu

*** OFFICE USE ONLY * - Method of Payment (check one):**

- Check: payable to The University of Toledo - check # _____
- Cash
- VISA or MasterCard – name on card: _____

Amount Paid: _____ Date Paid: _____ Staff Initials: _____

Confirmation Sent On: _____ By: _____

PAID STAMP

- Spoke with participant
- Message left with someone else
- Message left on voice mail/answering machine
- E-mail message was delivered
- Could not reach by phone or email

**Note to Instructor:
Make additional
comments on
registration cover letter**

RECEIVED STAMP