

# 2019-2020 SCUBA REGISTRATION

\$295/members & nonmembers

## THREE WAYS TO REGISTER

- Drop Off:** Register in person at ARC or CRCE member services when facilities are open for operation. Please refer to the facilities schedule online for hours of operation.
- By Mail:** Mail to Scuba Registration 2019-20, 201 E. Peabody Drive, Champaign, IL 61820. Payment by credit card must be included.
- By Fax:** Register by fax to 217-244-3319. Faxes will be processed by date and time received.

*Per university policy, email registration WILL NOT be accepted.  
Questions? Contact us via email [midwestScubaCenter@gmail.com](mailto:midwestScubaCenter@gmail.com).*

## IMPORTANT NOTES

- Please make every attempt to place yourself in the appropriate class. While we will try to accommodate incorrect placement, we do not guarantee another spot will be available.
- Use one registration form per swimmer.**
- Confirmation of class enrollment will be sent via email.
- Please read carefully, class times and prices may have changed. You must be a University of Illinois student or Campus Recreation member at the time of registration to sign up as a member. A complete list of required skills is available at ARC or CRCE member services or online at [campusrec.illinois.edu/aquatics](http://campusrec.illinois.edu/aquatics).

## CLASSES FILL QUICKLY!

- Waiting lists will be created for full classes.
- There are no make-up classes for missed lessons.
- Refunds (minus \$5 handling) given before the first day of class.  
No refunds given after the first day of class.**

## Fees include:

Confined water instruction & practice, use of equipment (minus mask, fins, and snorkel)

There will be additional fees for eLearning content and access to open water dives. Logistics and fees for eLearning & open water dives will be organized through Midwest SCUBA Center.

Questions? Contact **Alex Gentner** at [midwestscubacenter@gmail.com](mailto:midwestscubacenter@gmail.com).

## All sessions held at the ARC Indoor Pool and Wet Classroom.

- |  |                              |
|--|------------------------------|
| <input type="checkbox"/> <b>October 30, 2019</b> (Instruction & Swim Test)<br><b>November 4, 6, 7, 8</b> (Clinic)            | 5:30-7:30 pm<br>5:30-7:30 pm |
| <input type="checkbox"/> <b>January 22, 2020</b> (Instruction & Swim Test)<br><b>January 27, 29, 30, February 3</b> (Clinic) | 5:30-7:30 pm<br>5:30-7:30 pm |
| <input type="checkbox"/> <b>February 17, 2020</b> (Instruction & Swim Test)<br><b>February 24, 26, 27, March 2</b> (Clinic)  | 5:30-7:30 pm<br>5:30-7:30 pm |
| <input type="checkbox"/> <b>March 30, 2020</b> (Instruction & Swim Test)<br><b>April 6, 8, 9, 13</b> (Clinic)                | 5:30-7:30 pm<br>5:30-7:30 pm |
| <input type="checkbox"/> <b>April 20, 2020</b> (Instruction & Swim Test)<br><b>April 27, 29, 30, May 4</b> (Clinic)          | 5:30-7:30 pm<br>5:30-7:30 pm |
| <input type="checkbox"/> <b>June 15, 2020</b> (Instruction & Swim Test)<br><b>June 17, 22, 24</b> (Clinic)                   | 5:30-8:30 pm<br>5:30-8:30 pm |
| <input type="checkbox"/> <b>July 6, 2020</b> (Instruction & Swim Test)<br><b>July 10, 15, 16</b> (Clinic)                    | 5:30-8:30 pm<br>5:30-8:30 pm |

**TOTAL:** \_\_\_\_\_

- Please complete the waiver form (back of this page) before submitting.  
Forms without signed waivers will be returned.*

## PLEASE PRINT CLEARLY

Name (Participant) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email \* \_\_\_\_\_

\* Make sure the email listed above is one that is legible and regularly checked on your behalf since this is how we communicate all program updates or changes.

## Payment

Cash  Check #: \_\_\_\_\_

Visa  Mastercard \_\_\_\_\_

Charge Card #: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ CID (3 digit # on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

## OFFICE USE ONLY

Drop-off  Fax  Mail-in Date Received: \_\_\_\_\_

Total \$: \_\_\_\_\_ Receipt #: \_\_\_\_\_ CSA Initials: \_\_\_\_\_

## How did you hear about the Scuba Class at Campus Recreation?

- |   |   |
|---|---|
| <input type="checkbox"/> Overview Booklet   | <input type="checkbox"/> Flyer/Rack Card      |
| <input type="checkbox"/> Campus Rec website | <input type="checkbox"/> Facebook             |
| <input type="checkbox"/> Instagram          | <input type="checkbox"/> Past participant     |
| <input type="checkbox"/> Illini Frenzy      | <input type="checkbox"/> Midwest Scuba Center |
| <input type="checkbox"/> Word of mouth      | <input type="checkbox"/> ARC Signage          |
| <input type="checkbox"/> Other: _____       |   |

## Accessibility

Campus Recreation makes every effort to be accessible to all abilities. If you need accommodations for our facilities or programs, please contact us at [campusrec@illinois.edu](mailto:campusrec@illinois.edu).

# PARTICIPATION WAIVER

*Waiver of Liability, Assumption of Risk, and Indemnity Agreement*

## WAIVER

In consideration of being permitted to participate in any way in Campus Recreation Aquatics Programs taking place at the University of Illinois Campus Recreation facilities, I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Board of Trustees of the University of Illinois and its respective officers, employees, and agents from liability from any and all claims including those which result in personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in Campus Recreation Aquatics Programs.

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SIGNATURE OF PARENT OF MINOR (UNDER 18)

DATE

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SIGNATURE OF PARTICIPANT

DATE

## ASSUMPTION OF RISKS

Participation in Aquatics Programs carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back sprains, strains, breaks, concussions, cuts, cardiac arrest, partial or total paralysis, drowning and death. We strongly recommend that you consult your personal physician before starting any strenuous activity or class.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent to Aquatics Programs. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

## INDEMNIFICATION AND HOLD HARMLESS

I also agree to INDEMNIFY AND HOLD the Board of Trustees of the University of Illinois HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, brought as a result of my involvement in Campus Recreation Aquatics Programs and to reimburse it for any such expenses incurred.

## ACKNOWLEDGMENT OF UNDERSTANDING

I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

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SIGNATURE OF PARENT OF MINOR (UNDER 18)

DATE

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SIGNATURE OF PARTICIPANT

DATE

Photographs and video may be taken of informal recreation and programs by Campus Recreation or the University of Illinois. These photographs and videos are used for promotional and surveillance purposes. If you have questions or concerns, please contact us at [campusrec@illinois.edu](mailto:campusrec@illinois.edu).