2101 Walker Solomon Way ● Columbia, SC 29204 ● (803) 545-3200
www.drewwellnesscenter.com

October 2016 Swim Lesson Registration: $15 for Members, $30 for Non-Members

Child: Ages 5-15, Adult: Ages 16-up, Water Babies: Ages 6 months-4 years old

Participant's Name: _____ Age_____

DOB:_____ Gender: Circle Male or **Female Circle: Member** or **Non-Member**

Parent/Guardian:_____ Parent DOB: _____

Address: _____ _____ City: _____Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

*****In the event of inclement weather, what is the best way to notify you of sudden class cancellations?**
Please Circle: Home Phone Cell Phone Email

What level do you wish to register for: Please check the class in which you are registering below.

Monday & Wednesday

October 10-26 (6 classes)

__5:00-5:45pm Child's Beginner/Intermediate
__6:00-6:45pm Adult's Beginner/Intermediate

Tuesday & Thursday

October 11-27 (6 classes)

__5:00-5:45pm Child's Beginner/Intermediate
__6:45-7:30pm Adult's Beginner/Intermediate

Saturday Water Babies

October 8, 15, 22, 29 (4 classes)

__11:00-11:45am Water Babies (parent must accompany in the water)

Please know that the Swim Instructor has the right to move a student to another class if the student is not ready for the level they are currently registered under. If class is canceled due to inclement weather that does not guarantee that a make-up class will be given.

LIABILITY STATEMENT

In consideration of the services and facilities provided by the City of Columbia, its employees, agents, and officers, I hereby release and forever discharge the aforementioned from any and all liability arising out my child's participation in this program.

I am fully aware of risks inherent to this activity and should not allow my child to participate unless medically able. I assume all risks associated with this activity.

I agree that photographs, recordings, or any other record may be used for the purpose of promoting programs operated or sponsored by the City of Columbia.

In case of illness, I authorize a representative of the City of Columbia to obtain immediate care deemed necessary by licensed medical personnel.

I have read and fully understand that these terms are contractual and not a mere recital and sign it voluntarily.

_____ _____

Signature Date

For Office Use Only:

Amount Paid_____Date_____

Received by_____

We Are Columbia

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