



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

Summer Swim Lesson Registration: \$15 for Members, \$30 for Non-Members

Children's Swim Lessons Ages: 5-15

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 Three Week Lessons

July 11-27

~~_____ 9:00-9:45am Child's Beginner (FULL)~~

~~_____ 10:00-10:45am Child's Intermediate (FULL)~~

~~_____ 4:30-5:15pm Child's Advanced (FULL)~~

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.

Tuesday/Thursday Three Week Lessons

July 12-28

_____ ~~9:00-9:45am Child's Beginner (FULL)~~

_____ ~~12-12:45pm Child's Intermediate (FULL)~~

_____ 4:30-5:15pm Child's Advanced

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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