

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

## May 2024 Swim Lesson Registration: \$35 for 8 Lessons

**Adult: Ages 16-up** 

Participant's Name:			Age	
DOB:	Gender: Circle Male or Female	Circle: Member	or <b>Non-Member</b>	
Parent/Guardian:	Parent DOB:			
Address:	City:		_Zip Code:	
Home Phone:	Cell Phone:			
Email Address:				
	nclement weather, what is the be Please Circle: Home Phone ou wish to register for? Please che	Cell Phone	Email	
vinde level do y	ū		nen you are registering se	210 00.
	Monday-Thursda			
	May 13 –	-		
	May 20 –	•		
	(8 clas	ses)		
	6:00PM-6:45PM Adult'	s Beginner/Int	ermediate	
	*All swimmers must wear a	ippropriate swim	attire*	

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 the voluntarily.	nese terms are contractual and not a mere reci	al and sign it
Signature	Date	
•••••	For Office Use Only:	
Amount Paid	Date	
Received by		_



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