

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

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

Youth: Ages 7-15

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 i	inclement weather, what is the be Please Circle: Home Phone		you of sudden class cancellations? Email
What level do you wis	sh to register for? Please check the	e class in which yo	ou are registering below.
	<u>Monday-Thursd</u> May 13 –		
	May 20 -	•	
	(8 clas	sses)	
	6:00PM-6:45PM Child's	Beginner/Inte	ermediate

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.

All swimmers must wear appropriate swim attire

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



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