

# Charles R. Drew Wellness Center

2101 Walker Solomon Way □ Columbia □ South Carolina □ 29204 □ 803-545-3200



## Youth Swim Lessons

**4 P.M.** Class Registration

April 2026

\*Ages 7-15



**This class meets for a two-week block. Monday-Thursday**

**Dates:** March 30 – April 9, 2026

**Time:** 4:00 p.m.-4:45 p.m.

**Cost:** \$35.00

Participant's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Parent/Guardian: \_\_\_\_\_ Parent DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Does your child have any impairments or access requirements that you wish to share with the instructor?* \_\_\_\_\_

**In the event of inclement weather, what is the best way to notify you of sudden class cancellations?** Phone or Email



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## 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 or my minor child's participation in this program.

I am fully aware of risks inherent to this activity and should not allow myself or my minor 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: \_\_\_\_\_

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Amount Paid: \_\_\_\_\_ Received by: \_\_\_\_\_ Date: \_\_\_\_\_

