

Charles R. Drew Wellness Center

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



Youth Swim Lessons

6 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: 6:00 p.m.-6:45 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: _____

