Child’s Name: ___________         Date: ___________

MUSC GROUP SWIM PROGRAM REGISTRATION FORM FALL SESSION 1 2017

Fall Session 1: Tuesday, September 12 to Sunday, October 22 (6 weeks)

**Registration for Fall Session 1 2017 Swim Session opens August 15 and closes September 1.**

Registration opens August 15, 2017. In order to enroll, please submit a completed registration form along with payment. You will receive an email within 5 business days confirming class level, time and day. Returning swim participants: Please do not register for the fall session 1 until you have received feedback from your summer session’s swim instructor for proper class placement. New participants, please discuss proper class placement with our swim lesson coordinator. She can be reached at kids@musc.edu.

**Registration Details for Group Swim Lessons:** Please circle the appropriate session, day and the level/class time. You may indicate a 1st choice and a 2nd class choice. Group classes must have a minimum of at least 3 participants in order to be offered.

**Additional Information:** Level 1 Classes: max 3 participants, Level 2-3 Classes: max 4 participants, Level 4 Classes: max 5 participants and Youth Stroke Clinic: max 6 participants. We absolutely cannot allow drop in participation. Please bring your own towel and refrain from using the adult locker rooms. Family restrooms are located down 2nd hallway by Bee St. Progress reports/skills assessments will be sent out via the swim coordinator after the 4th week of lessons. Completing a swim session does not necessarily mean your child is ready to move to the next swim class level in the next swim session.

*NO free swim before or after class. Children are only allowed in the pool accompanied by their swim instructor.*

**We do not offer make-up classes or price adjustments for missed classes.**

**Fall Session Tuesday, September 12 to Sunday, October 22 (6 weeks)**

Circle appropriate class level, time and day you wish to enroll your child below.

**Group Swim Lesson Cost Per Session (total of 6 swim lessons)**

<table>
<thead>
<tr>
<th>Class Level</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lil' Fish (parent/child class) &amp; Levels 1 to 4</td>
<td>$90/$105*</td>
</tr>
<tr>
<td>Youth Stroke Clinic</td>
<td>$120/$150*</td>
</tr>
</tbody>
</table>

*Wellness Center member rates / nonmember rates

**Note:** Prices reflect one class per week with a total of 6 classes offered. We are not able to offer make-up classes.

Please circle appropriate day of week, class time and level below. *Refer to the Class Description sheet for swim level information.*

<table>
<thead>
<tr>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>
| Class Dates: Sept 12, 19, 26  
Oct 3, 10, 17 | Class Dates: Sept 13, 20, 27  
Oct 4, 11, 18 | Class Dates: Sept 15, 22, 29  
Oct 6, 13, 20 | Class Dates: Sept 16, 23, 30  
Oct 7, 14, 21 | Class Dates: Sept 17, 24  
Oct 1, 8, 15, 22 |
| 8:30 to 8:55am | Lil' Fish (parent/child class) | 9:00 to 9:25am | Level 1 | Level 3 |
| 9:30 to 9:55am | Level 2 | 10:00 to 10:25am | Lil' Fish (parent/child) | Level 4 |
| 10:30 to 10:55am | Level 2 | 11:00 to 11:25am | Lil' Fish (parent/child class) |
| 2:00 to 2:25pm | Lil' Fish (parent/child) | 2:30 to 2:55pm | Level 2 | Level 4 |
| 3:00 to 3:50pm | Level 2 | 4:00 to 4:25pm | Youth Stroke Clinic |
| 4:30 to 4:55pm | Level 1 | 5:00 to 5:25pm | Level 2 | Level 4 |

**Private & Semi-Private Swim Lessons**

Private and semi-private lessons are on-going.  
(25 minutes in length per lesson)

E-mail our Private Swim Coordinator (kids@musc.edu) to register.

4 private lesson package $120/$160*  
4 semi-private (2 participants) lesson package $150/$190*  
($75/$95* per swimmer for semi-private lessons)
FALL SESSION 1 2017 YOUTH GROUP SWIM PROGRAM REGISTRATION FORM

SWIM CLASS: please circle  
- Lil’ Fish Parent/Child Class  
- Level 1  
- Level 2  
- Level 3  
- Level 4  
- Youth Stroke Clinic

CHILD’S NAME: First name, Last name
Age

List any relevant medical information (allergies, medications, and special needs)
_________________________________________________________________________________________

Parent(s) Name and contact information:
_________________________________________________/_______________________________________
First Name                        Last Name                                                                     Best Contact Phone #

Email Address:
_________________________________________________________________________________________

Group swim classes meet 1X/week with a total of 6 classes offered over a 6 week session. Prices are per session. Private lessons are ongoing. We cannot accept registration forms without a form of payment. We will not process payments until class enrollment has been confirmed.

Lil’ Fish (parent/child class) & Levels 1 to 4: $90/$105*  
Youth Stroke Clinic: $120/$150*  
*Wellness Center Member rates/Nonmember rates

Wellness Center Member? (Please circle) YES or NO  
If yes, provide member name and #:________________________

PAYMENTS:  
Credit Card (type of card) ___________ or  
Check # (payable to MUSC Wellness Center) _________

I am paying the amount of $ ___________ for Swim Class Level: __________, Day: _________, Time:_________

Credit Card # EXPIRATION: month/year

FAX: 843-792-7933       PHONE: 843-792-0767       EMAIL: kids@musc.edu

MAILING ADDRESS:  
MUSC WELLNESS CENTER  
ATTENTION: Swim Lesson Coordinator, Suite 232  
45 Courtenay Drive  
MSC 176  
Charleston, SC 29425-1760

WAIVER

In consideration of your accepting my registration, I hereby, for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the Medical University of South Carolina and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I understand that I am encouraged to maintain proper insurance coverage for my child during the duration of his/her participation and specified activities with this institution. I hereby certify all the above information to be correct and true.

SIGNATURE OF PARENT OR GUARDIAN:
_________________________________________________________________________________________  DATE:__________________  Effective 7/20/2017