MUSC GROUP SWIM PROGRAM REGISTRATION FORM SPRING SESSION 2 2017

Spring Session 2: Saturday, April 22 to Sunday, May 21 (4 weeks)*
*Swim classes will NOT be held Saturday or Sunday, May 13 & 14

Registration for Spring Session 2 2017 Swim Session opens March 25 and closes April 12.
Registration opens March 25, 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 spring session 2 until you have discussed proper class placement with your child’s swim instructor. New participants, please discuss proper class placement with our swim lesson coordinator.

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. 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.**

Spring Session 1 Saturday, April 22 to Sunday, May 21 (4 weeks)
Circle appropriate class level, time and day you wish to enroll your child below.

Group Swim Lesson Cost Per Session (total of 4 swim lessons)
*Wellness Center member rates / nonmember rates
Tadpoles (parent/child class) & Levels 1 to 4: $60/$70
Youth Stroke Clinic: $80/$100
Aquatots (parent/child class): $40/$50

Note: Prices reflect one class per week with a total of 4 classes offered. We are not able to offer make-up classes.

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)
SPRING SESSION 2 2017 YOUTH GROUP SWIM PROGRAM REGISTRATION FORM

SWIM CLASS: please circle one - Aquatots  Tadpoles  Level 1  Level 2  Level 3  Level 4  Youth Stroke Clinic

CHILD’S NAME: First name, Last name

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

Parent(s) Names and contact information:

_________________________________________________/___________________/____________________
First Name Last Name Best Contact Phone #'s

Email Address:

Group swim classes meet 1X/week with a total of 4 classes offered over a 4 week session. Prices are per session. Private lessons are ongoing.

*Wellness Center Member rates/Nonmember rates

Tadpoles (parent/child class) & Levels 1 to 4: $60/$70
Youth Stroke Clinic: $80/$100
Aquatots (parent/child class): $40/$50

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

PAYMENTS: Credit 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: Wendy Williams, 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 2/1/2017