Registration for Summer Session 1 2017 Swim Session opens May 8 and closes May 26.
Registration opens May 8, 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 summer session 1 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.**

Summer Session 1 Saturday, June 3 to Friday, June 30 (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. 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></th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Class Dates:</td>
<td>June 6, 13, 20, 27</td>
<td>June 7, 14, 21, 28</td>
<td>June 9, 16, 23, 30</td>
<td>June 3, 10, 17, 24</td>
<td>June 4, 11, 18, 25</td>
</tr>
<tr>
<td>8:30 to 8:50 am</td>
<td></td>
<td></td>
<td>Aquatots (parent/child class)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9:00 to 9:25 am</td>
<td></td>
<td></td>
<td>Level 1</td>
<td>Level 3</td>
<td></td>
</tr>
<tr>
<td>9:30 to 9:55 am</td>
<td></td>
<td></td>
<td>Level 2</td>
<td>Level 4</td>
<td></td>
</tr>
<tr>
<td>10:00 to 10:25 am</td>
<td>Tadpoles (parent/child)</td>
<td></td>
<td>Level 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:30 to 10:55 am</td>
<td></td>
<td></td>
<td>Level 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:00 to 11:25 am</td>
<td>Tadpoles (parent/child class)</td>
<td></td>
<td>Aquatots (parent/child)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11:30 to 11:50 am</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00 to 2:30 pm</td>
<td></td>
<td></td>
<td>Tadpoles (parent/child)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2:30 to 3:00 pm</td>
<td></td>
<td></td>
<td>Level 2</td>
<td>Level 4</td>
<td></td>
</tr>
<tr>
<td>3:00 to 3:50 pm</td>
<td></td>
<td></td>
<td>Level 4</td>
<td>Youth Stroke Clinic</td>
<td></td>
</tr>
<tr>
<td>4:00 to 4:25 pm</td>
<td></td>
<td></td>
<td></td>
<td>Level 1</td>
<td></td>
</tr>
<tr>
<td>4:30 to 4:55 pm</td>
<td>Level 1</td>
<td>Level 3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5:00 to 5:25 pm</td>
<td>Level 2</td>
<td>Level 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)
SUMMER SESSION 1 2017 YOUTH GROUP SWIM 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 # ___________________________

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.

We cannot accept registration forms without a form of payment. We will not process payments until class enrollment has been confirmed.

Wellness Center Member rates/Nonmember rates

Tadpoles (parent/child class) & Levels 1 to 4: $60 member/$70 nonmember

Youth Stroke Clinic: $80 member/$100 nonmember

Aquatots (parent/child class): $40 member/$50 nonmember

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, waive 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 5/1/2017