MUSC GROUP SWIM PROGRAM REGISTRATION FORM FALL SESSION 1 2016

Fall Session 1: Monday, September 12 to Saturday, October 22 (6 weeks)

Registration for Fall Session 1 2016 Swim Session opens August 15 and closes September 1.

Registration opens August 15, 2016. 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. Enrollment in summer session does not guarantee class enrollment in fall session. Returning swim participants: please do not register for the fall session until you have received a progress report indicating appropriate class level for your child. New participants, please discuss proper class placement with our swim lesson coordinator Amy LaFontaine.

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 choice. Group classes must have a minimum of at least 3 participants in order to be offered.

Additional Information: Level 1-3 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 1 Monday, September 12 to Saturday, 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)**

*Wellness Center member rates / nonmember rates

Tadpoles (parent/child class) & Levels 1 to 4: $90/$105
Youth Stroke Clinic: $120/$150
Aquatots (parent/child class): $60/$75

**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>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
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<tr>
<td><strong>Fall Session 1</strong></td>
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<td>Class Dates:</td>
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<td>Sept 12, 19, 26,</td>
<td>Sept 13, 20, 27,</td>
<td>Sept 14, 21, 28,</td>
<td>Sept 15, 22, 29,</td>
<td>Sept 16, 23, 30,</td>
<td>Sept 17, 24</td>
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<table>
<thead>
<tr>
<th>Time</th>
<th>Level 1</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 1 &amp; 2 practice (optional)</th>
<th>Level 3, 4 &amp; YSC practice (optional)</th>
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<tbody>
<tr>
<td>8:30 to 8:50 am</td>
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<td>9:00 to 9:25 am</td>
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<td>Level 1</td>
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<td>10:00 to 10:25 am</td>
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<td>Level 1 &amp; 2 practice (optional)</td>
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<tr>
<td>11:00 to 11:25 am</td>
<td>Tadpoles (parent/child)</td>
<td>Level 1</td>
<td>Level 2</td>
<td>Youth Stroke Clinic</td>
<td>Aquatots (parent/child class)</td>
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<tr>
<td>11:00 to 11:50 am</td>
<td>Youth Stroke Clinic</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 3, 4 &amp; YSC practice (optional)</td>
<td>Aquatots (parent/child class)</td>
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<td>4:30 to 4:55 pm</td>
<td>Level 1</td>
<td>Level 3</td>
<td>Level 1 &amp; practice</td>
<td>Level 3, 4 &amp; YSC practice (optional)</td>
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<tr>
<td>5:00 to 5:25 pm</td>
<td>Level 2</td>
<td>Level 4</td>
<td>Level 3, 4 &amp; YSC practice</td>
<td>Level 3, 4 &amp; YSC practice (optional)</td>
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<tr>
<td>5:00 to 5:50 pm</td>
<td>Youth Stroke Clinic</td>
<td>Level 2</td>
<td>Level 3</td>
<td>Level 3, 4 &amp; YSC practice (optional)</td>
<td>Aquatots (parent/child class)</td>
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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)

Practice Lesson Information
An optional practice lesson will be held each Thursday during the 6 week swim session (additional fee required).

Cost: $20 for the fall session (6 weeks)
Come as many or as few times as you wish.
Check the box on the back of this form to register.
Pre-registration required to ensure space is available.

Child’s Name: ___________ Date: ___________
FALL SESSION 1 2016 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  Age

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 6 classes offered over a 6 week session. Prices are per session. Private lessons are ongoing.

*Wellness Center Member rates/Nonmember rates
Tadpoles (parent/child class) & Levels 1 to 4: $90/$105
Youth Stroke Clinic: $120/$150
Aquatots (parent/child class): $60/$75

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: ________

☐ I would like to register for the Thursday afternoon optional practice lesson and authorize payment of $20.
(Cost includes up to 6 practice lessons. Please see reverse side of form for details.)

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 7/15/2016