



2101 Walker Solomon Way ☐ Columbia, SC 29204 ● (803) 545-3200

[www.drewwellnesscenter.com](http://www.drewwellnesscenter.com)

**FEBRUARY 2019 Swim Lesson Registration: \$15 for Members, \$30 for Non-Members**

**Adult: Ages 16-up**

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: Circle Male or Female    Circle: Member or Non-Member

Parent/Guardian: \_\_\_\_\_ Parent DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\*In the event of inclement weather, what is the best way to notify you of sudden class cancellations?**

Please Circle:    Home Phone    Cell Phone    Email

**What level do you wish to register for?** Please check the class in which you are registering below.

**Monday-Thursday for 2 weeks**

2<sup>nd</sup> Session

**February 18-21**

**February 25-28**

**(8 classes)**

\_\_\_ 5:45-6:30AM Adult's Beginner/Intermediate

\_\_\_ 6:45-7:30PM Adult's Beginner/Intermediate

**\*All swimmers must wear appropriate swim attire\***

*Please know that the Swim Instructor has the right to move a student to another class if the student is not ready for the level they are currently registered under. If class is canceled due to inclement weather that does not guarantee that a make-up class will be given.*

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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 child's participation in this program.

I am fully aware of risks inherent to this activity and should not allow my 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



**For Office Use Only:**

Amount Paid \_\_\_\_\_ Date \_\_\_\_\_

Received by \_\_\_\_\_



We Are Columbia

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