

# St. Marys Aquatic Center Swim Lesson Student Registration Form

Phone 912-673-8118

email: funatsmac@tds.net

Fee **\$40 per student per session**

Student's Name (Please Print): \_\_\_\_\_ Age: \_\_\_\_\_ Circle one: Male / Female

Parent's Name (Please Print / list Mom & Dad): \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Has the child had lessons before? \_\_\_\_\_ If yes, when and what class completed: \_\_\_\_\_

Season Pass Holder: \_\_\_\_\_ EXPLAIN ANY Medical Problems or Special NEEDS student may have. \_\_\_\_\_

DATES	Times	Ability Level
Circle one below	Circle one below	Circle the one that best describes your child's behavior in the water.
June 6- June 16	9:00 AM	My child is under the age of 3 (1 adult is required to be in the water with student)
June 20- June 30	9:30 AM	A: scared of/does not like getting face wet
July 11- July 21	10:00 AM	B: goes underwater freely keeping feet on the bottom
	6:00 PM	C: will float with face in water completely unsupported
		D: swims independently in areas where s/he can touch
		E: swim length of the pool easily – needs stroke instruction

**LIABILITY:** I, the parent or guardian of the child listed above, hereby give approval to his/her participation in SWIM LESSONS. I assume all risks and hazards incidental to such participation including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless City of St. Marys, St. Marys Aquatic Center, CCPSA Leisure Service, PSA, local league organization, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount of the amount covered by accident and/or liability insurance held by the local league. **MEDICAL:** I also grant permission to the managing and/or Instructing personnel or other Aquatic representatives to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery deemed necessary by and adult licensed physician should the child become ill or injured while participating in activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

Parent/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

**We have a minimum class size of 4 students to run the class.**

**Only the Parent or Legal Guardian of the child named above may sign this registration form.**

**Students are not officially registered for lessons until Forms are turned in and all fees are Paid.**



OFFICE USE ONLY: Amount paid \$ \_\_\_\_\_ CH/ CK# \_\_\_\_\_ Form accepted by: \_\_\_\_\_