

# St. Marys Aquatic Center Swim Lesson Student Registration Form

Phone 912-673-8118 email: funatsmac@tds.net fax 912-673-8294 Fee **\$40** per student per session

Student's Name (Please Print) \_\_\_\_\_ AGE \_\_\_\_ Circle one – male /female

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

HOME Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ EMAIL \_\_\_\_\_

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

EXPLAIN ANY Medical Problems or Special NEEDS student may have. \_\_\_\_\_

**Ability Level** Circle One **A** = SCARED DOES NOT LIKE FACE WET **B** = GETS FACE/HEAD WET WITH FEET ON BOTTOM

**[ PLEASE CIRCLE what your child ]** **C** = WILL FLOAT/TOTALLY SUBMERGE WITH FACE IN WATER **D** = CAN SWIM UNDERWATER BUT  
**[ WILL COMFORTABLY DO WITHOUT ]** NOT ON TOP

**[ HELP IN THE WATER AT THIS TIME ]** **E** = CAN SWIM 25 YARDS ( LENGTH OF POOL EASILY ) - NEEDS STROKE INSTRUCTION

**Session Date Requested** Circle One

[ June 3 - June 13 ]

[ June 17 - June 27 ]

[ July 8 - July 18 ]

[ July 22-Aug 1 ]

**Lesson Time Requested** Circle One [we will confirm your time when completing registration]

9:00 am

9:30 am

10:00 am

5:30pm E LEVEL ONLY

6:00pm

**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: \_\_\_\_\_