CITY OF GOOSE CREEK RECREATION

P.O. Drawer 1768 GOOSE CREEK, SOUTH CAROLINA 29445 569-4242 or FAX 569-4241

2019 SWIM LESSONS REGISTRATION FORM

Return this form to the Community Center/Activity Center or pool office along with birth certificate, proof of residency and proper fee.

Acceptable forms of proof of residency

Homeowners: Drivers license or picture Id & most recent utility bill

Renters: Drivers license or picture Id, most recent utility bill & original rental agreement

Current address must be on all proofs of residency

		:											
DATE OF F	BIRTH:			Ag	e:	Sex:							
ADDRESS	:						SUI			UBDIVISON:			
NAME OF	PARENT/LE	GAL GUAR	DIAN: _										
DAY PHON	NE:			EVENING	G PHONE:			CELL PHONE:		NE:			
EMAIL ADI	DRESS:												
NAME OF	MEDICAL IN	S. CO:											
DO YOU	WANT TO P	URCHASE	PLAYG	ROUND	INSURANC	CE? (\$10	0.00) Ye	s N	o				
DOES THE	PARTICIPA	NT LIVE W	ITHIN T	HE GC F	RECREATION	ON OR	CITY OF	GC BOUN	IDARIES?	_ YES	NO		
ANY SPEC	IAL NEEDS	TO BE AW	ARE OF	? YES	NO_								
HAS THE I	PARTICIPAN	IT RECEIVI	ED SWI	M LESSC	NS BEFOR	RE? YE	S	NO					
For participan release as provor participation	the registrant while of the state income ts under the age rided above, for m in these programs sign it freely and	of 18 at the tin yself, my heirs, as provided at	uding all fee ne of regist assigns, ar	ration: This	is to certify that	t I, as parer agree to h	nt/guardian	with legal respo	nsibility for this s from any and	participant,	do consent and	agree to his	/her
REFUND P	OLICY: Refurm, available	at the Comr	nunity Ce I OF YO	enter. Ref JR FEE, I	unds will no LATE FEES	t be issu OR INS	ed due to	o weather re E. There is	elated cance a \$5.00 har	llations. Idling fe	There are NO e on all refu	REFUN nds.	IDS
Request Fo	(Parent/Gu	ardian Sigr	ature if	participar	nt is under	18)	Name	(Print):					
Request Fo	(Parent/Gu							you would					
Request Fo ON THE NO Signature:	P	lease sele	ect belo	w the S	essions/	Times/l	Levels	you would	d like to re	egister -26	for. Session 4:	July 29-	
Request Fo ON THE NO Signature: Time 10:35 am	P	lease sele	ect belo	w the S	essions/	Times/l	Levels	you would	d like to re	egister	for.		Le ²
Request Fo ON THE NO Signature: Time 10:35 am 45-11:20 am	Session Parent/ Tot	1: June 10 Preschool	-21 Level	*Ses	essions/i	E 24-July Level	Levels	Session Parent/	on 3: July 15	-26 Level	Session 4: Parent/ Tot	July 29- Level 1	Aug. Lev Lev 3
Request Fo ON THE NO Signature:	Session Parent/ Tot Preschool	1: June 10 Preschool Level 1	-21 Level 1 Level 2	*Ses	Sessions/Tession 2: June Preschool	e 24-July Level 1 Level 1	Levels Level 2 Level 2 Level 2	Sessic Parent/ Tot Level 1	on 3: July 15 Preschool Level 2	-26 Level 1 Level 3	Session 4: Parent/ Tot Level 1	July 29- Level 1 Level 2	Le

FOR STAFF USE ONLY

RESIDENCY VERIFIED? _____ DATE REGISTERED: _____ STAFF INITIAL: _____