

CITY OF GOOSE CREEK RECREATION

P.O. Drawer 1768

GOOSE CREEK, SOUTH CAROLINA 29445

572-1321 OR FAX 572-1242 or 569-4242 or FAX 569-4241

2018 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

PARTICIPANT'S NAME: _____

DATE OF BIRTH: _____ Age: _____ Sex: _____

ADDRESS: _____ SUBDIVISON: _____

NAME OF PARENT/LEGAL GUARDIAN: _____

DAY PHONE: _____ EVENING PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

NAME OF MEDICAL INS. CO: _____

DO YOU WANT TO PURCHASE PLAYGROUND INSURANCE? (\$10.00) Yes _____ NO _____

DOES THE PARTICIPANT LIVE WITHIN THE GC RECREATION OR CITY OF GC BOUNDARIES? YES _____ NO _____

ANY SPECIAL NEEDS TO BE AWARE OF? YES _____ NO _____

HAS THE PARTICIPANT RECEIVED SWIM LESSONS BEFORE? YES _____ NO _____

Waiver for Participation: I understand that there are always risks involved in participating in recreational activities. I acknowledge these risks and declare the participant physically able to participate in this activity. In the event of a medical emergency, I authorize the City of Goose Creek Recreation or its representatives to obtain emergency medical treatment for my child (if a parent is not available). In consideration of your accepting this registration, I hereby, for myself, my child, my heirs, executors and administrators, waive and release any and all right and claims for damages I may have against the City of Goose Creek Recreation or its representatives, successors, agents, sponsors, supervisors and instructors for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I likewise release from responsibility, any person transporting myself or my child to and from these activities. I further grant the City of GC Recreation the unencumbered right to make promotional use of any pictures and/or videotapes taken of the registrant while participating in this program.

REFUND POLICY: Refunds will be issued until the first day of the session. Requests for refunds must be made in writing on a Refund Request Form, available at the Community Center. Refunds will not be issued due to weather related cancellations. There are **NO REFUNDS ON THE NON-RESIDENT PORTION OF YOUR FEE, LATE FEES OR INSURANCE.** There is a **\$5.00 handling fee on all refunds.**

SIGNATURE: _____
(PARENT/LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18)

Please select below the Sessions/Times/Levels you would like to register for.

Time	Session 1: June 11-22			Session 2: June 25-July 13				Session 3: July 16-27			Session 4: July 30-Aug. 10		
10-10:45 am	Parent/ Tot	Preschool	Level 1	Parent/ Tot	Preschool	Level 1	Level 2	Parent/ Tot	Preschool	Level 1	Parent/ Tot	Level 1	Level 2
10:45-11:20 am	Preschool	Level 1	Level 2		Preschool	Level 1	Level 2	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
4:15-4:50 pm	Parent/ Tot	Preschool	Level 1		Preschool	Level 1	Level 2	Preschool	Level 1	Level 2	Preschool	Level 1	Level 2
5-5:35 pm		Level 1	Level 2		Level 1	Level 2	Level 3	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3

Private Lessons _____ Requested instructor _____ (For private lessons only)

FOR STAFF USE ONLY

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