## CITY OF GOOSE CREEK RECREATION

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

509-4242 OTTAX 509-4241
2020 SWIM LESSONS REGISTRATION FORM
Center/Activity Center or pool office along with birth certificate, pr

Return this	form to the	-	Hom	<u>Ac</u> eowners: rs license	ceptable for Drivers licen or picture Id,	ms of pr se or pic most rec	ture Id & ent utility	with birth cer <u>sidency</u> most recent ( bill & original of residency	utility bill I rental agree		idency and	proper fe	e.
PARTICIP	ANT'S NAM	E:									<u> </u>		
DATE OF E	BIRTH:			Ag	je:	Sex:							
ADDRESS	:									SON:			
NAME OF	PARENT/LE	EGAL GUAI	RDIAN:										
DAY PHON	NE:			EVENIN	G PHONE:				CELL PHO	NE:			
EMAIL ADI	DRESS:												
NAME OF	MEDICAL II	NS. CO:											
DO YOU	WANT TO P	PURCHASE	E PLAYO	ROUND	INSURANC	CE? (\$10	0.00) Ye	sN	o				
DOES THE		ANT LIVE \	WITHIN -	THE GC I	RECREATI		CITY OF	GC BOUN	IDARIES?	J YES	NO		
ANY SPEC	IAL NEEDS	TO BE AV	VARE OF	? YES	NO								
	PARTICIPAI							NO					
Creek Recreati and conditions Goose Creek R disability, death liability, any per tapes taken of t through offset c For participani release as prov or participation agreement and	on or its represe for participation. ecreation Comm, or loss or dama son transporting he registrant wh of the state incom ts under the ag ided above, for r in these program sign it freely and	ntatives to obtain 1, for myself ar nission, their offi- age to person o myself or my c lile participating the tax refund in the of 18 at the times of 18 at the times as a provided and the oluntarily.	n emergenc d on behalf cers, official r property, w hild to and f in this progr cluding all fe <b>me of regis</b> a, assigns, a above, even	ry medical tree my heirs, as ls, agents, ar shetter arisin rom these ac am. The City rees. tration: This nd next of kin if arising from	eatment for mys signs, personal nd /or employee g from the neg tivities. I further of Goose Cree is to certify that n, I release and n their negligen	elf or child representa s, other par ligence of t grant GC F k has the ri t I, as parer agree to h ce, to the fi	(if parent is tives and norticipants, s he released Recreation f aght pursual nt/guardian old harmles ullest exten	not available). I ext of kin, hereb ponsors, and a so rotherwise, the unencumber nt to the SC. Se with legal responses the Releasee t of the law. I have	willingly agree y release and h dvertisers (relea to the fullest ei- red right to mak toff debt collect msibility for this s from any and ave read this re	to comply v old harmles asees), with ktent permit e promotion ion act to co participant, all liabilities lease of liab	cal emergency, 1 with the stated as ss City of Goose h respect to any tted by law. I like nal use of any pio ollect any delinqu , do consent and s incident to the r oility and assump	nd customa Creek Rec and all injuu wise releas ctures and/d lent sums c agree to hi ninor's invo tion of risk	ry terms reation, ry, e from or video due s/her lvement
Request Fo ON THE NO	rm, available	at the Com	munity C	enter. Ret	funds will no	t be issu	ied due to SURANC	o weather re E. There is	elated cance a \$5.00 har	ellations. Idling fe	writing on a F There are <b>N</b> 0 e on all refu	<b>D REFUI</b>	NDS
Signature:	(Parent/G	uardian Sig	nature if	participa	nt is under	18)	Name	(Print):					
Pleas	e select b							to registe ns on our			lasses are	held o	n
Time					Session 2: June 22-July 1				on 3: July 6-15		Session 4: July 20-		
-10:35 am :45-11:20 am				Parent/ Tot	Preschool Preschool	Level 1 Level	Level 2 Level	Parent/ Tot Level 1	Preschool Level 2	Level 1 Level	Parent/ Tot Level 1	Level 1 Level	Level 2 Level
15-4:50 pm					Preschool	1 Level	2 Level	Preschool	Level 1	3 Level	Preschool	2 Level	3 Level
5:35 pm					Level 1	1 Level	2 Level	Level 1	Level 2	2 Level	Level 1	1 Level	2 Level

\*No lessons the week of July 1-July 5

Private Lessons

Requested instructor\_

(For private lessons only)

## FOR STAFF USE ONLY

RESIDENCY VERIFIED? \_\_\_\_\_ DATE REGISTERED: \_\_\_\_\_ STAFF INITIAL: \_\_\_\_\_