



CENTRAL-CLEMSON RECREATION CENTER

SWIM LESSON REGISTRATION

Participants Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: (h) _____ (c) _____

Medical Conditions that may require assistance (e.g. Asthma): _____

Emergency contact and phone: _____

SESSION SCHEDULE

Circle level & time for day of your choice

<u>LEVELS</u>	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>	<u>SATURDAY</u>	<u>SUNDAY</u>
Parent Tot	N/A	N/A	N/A	N/A	N/A	8:00 – 8:40	1:00 – 1:40
Preschool 1	2:00 - 2:40	2:00 - 2:40	2:00 - 2:40	2:00 - 2:40	2:00 - 2:40	8:00 - 8:40	1:00 – 1:40
	4:00 - 4:40	4:00 - 4:40	4:00 - 4:40	4:00 - 4:40	4:00 - 4:40		
Preschool 2	2:45 - 3:25	2:45 - 3:25	2:45 - 3:25	2:45 - 3:25	2:45 - 3:25	8:45 - 9:25	1:45 – 2:25
	4:45 - 5:25	4:45 - 5:25	4:45 - 5:25	4:45 - 5:25	4:45 - 5:25		
Preschool 3	3:30 - 4:10	3:30 - 4:10	3:30 - 4:10	3:30 - 4:10	3:30 - 4:10	9:30 - 10:10	N/A
	5:30 - 6:10	5:30 - 6:10	5:30 - 6:10	5:30 - 6:10	5:30 - 6:10		
Preschool 4	3:30 - 4:10	3:30 - 4:10	3:30 - 4:10	3:30 - 4:10	3:30 - 4:10	N/A	2:30 – 3:10
	5:30 - 6:10	5:30 - 6:10	5:30 - 6:10	5:30 - 6:10	5:30 - 6:10		
Gradeschool 1	4:00 - 4:40	4:00 - 4:40	4:00 - 4:40	4:00 - 4:40	4:00 - 4:40	10:15 - 10:55	3:15 – 3:55
	6:15 - 6:55	6:15 - 6:55	6:15 - 6:55	6:15 - 6:55	6:15 - 6:55		
Gradeschool 2	4:45 - 5:25	4:45 - 5:25	4:45 - 5:25	4:45 - 5:25	4:45 - 5:25	N/A	4:00 – 4:40
	7:00 - 7:40	7:00 - 7:40	7:00 - 7:40	7:00 - 7:40	7:00 - 7:40		
Gradeschool 3	7:45 - 8:25	7:45 - 8:25	7:45 - 8:25	7:45 - 8:25	7:45 - 8:25	11:00 – 11:40	N/A
Adult	N/A	5:30 – 6:30	N/A	5:30 – 6:30	N/A	N/A	N/A
Adult Stroke Clinic	N/A	6:30 – 7:30	N/A	6:30 – 7:30	N/A	N/A	N/A
	N/A	7:30 – 8:30	N/A	7:30 – 8:30	N/A	N/A	N/A

Participation Waiver

PLEASE READ CAREFULLY BEFORE SIGNING.

THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, the undersigned participant or parent/guardian agrees and understands that swimming is a HAZARDOUS activity and request voluntary participation for myself/ my minor(s) to participate in the Central-Clemson Recreation Center (CCRC) Swim School program/events, which are hereinafter referred to as the “activities”.

I consent to my/my minor(s) participation in the activities and acknowledge that the minor(s) and I fully understand my/my minor(s) participation may involve risk of serious injury or death, including losses which may result not only from my/my minor(s) own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the program/event or activity is being conducted, and/or the rules of play of this type of event or activity. I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators/event staff before I sign this document and before any activities begins.

Release – Parents’/Guardians’ Rights:

In consideration of allowing Minor Participant(s) to participate in this event, I hereby indemnify and hold harmless the Released Parties, of and from, and do discharge and waive, any and all claims, demands, losses, damages, and liabilities that I may have or sustain with respect to any and all damage and/or injury, of any type, arising from Minor Participant(s) participation in the activities. I also agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I certify that I/my minor(s) am/is in good health and have no physical or other condition that would prevent participation in this activity.

I authorize any representative of the CCRC Swim School to have the participant/myself treated in any medical emergency during participation of said activities. Furthermore, I agree to use my/minor(s) personal medical insurance as a primary medical coverage payment if accident or injury occurs.

(Print Name - Parent/Guardian)	Signature	Date
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