

CCPSA Leisure Services, 1050 Wildcat Drive, Kingsland, Ga. 31548
912-729-5600



2017 PRIVATE SWIM LESSON REGISTRATION

Check Pool Preference: Rec. Center St. Marys Pool

- FEES:** One Student \$20 per 30 minute session 6 Lessons for \$100
 Two Students \$25 per 30 minute session 6 Lessons for \$125
 Three Students \$35 per 30 minute session 6 Lessons for \$150

One Instructor

Student # 1 Name (Please Print) _____ Age _____ Boy or Girl

Student # 2 Name (if same family) _____ Age _____ Boy or Girl

Student # 3 Name (if same family) _____ Age _____ Boy or Girl

Parent Name _____

Street Address _____ City _____ Zip _____

Home Phone () _____ Cell Phone () _____

Ability Level : (please put student # in box of corresponding level. Check box if all students are the same)

- Level A = Scared and does not like to get face wet. Level B = Gets Face / Head wet with feet on bottom of pool.
 Level C = Will float or totally submerge with face in the water Level D = Can swim underwater but, not on top.
 Level E = Can swim 25 Yards {length of pool easily} *needs stroke instruction

Lesson Time/Day Preferences (ie, mornings, afternoons, day of the week, etc):

{ An Instructor will contact you and set up a date and time }

Liability: I, the parent or guardian of the child listed above, hereby give approval for his/her participation in PRIVATE 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 The City of St. Marys, CCPSA Leisure Service, City Of Kingsland, City of Woodbine, Camden County Board of Commissioners, Local League organizations, 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 an 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.

Only the Parent or Guardian of the child named above may sign this registration form—use additional forms as needed. Students are not officially registered for lessons until forms are turned in and all fees are paid. No refunds will be given to students not showing up for scheduled lessons.

Signature Of Parent/Legal Guardian

Date

OFFICE USE ONLY: STAFF—IF MORE THAN ONE STUDENT IS IN LESSON AND THEY ALL HAVE SAME PARENT/GUARDIAN, THEY ALL GO ON THIS FORM. IF DIFFERENT PARENT/GUARDIAN, WE NEED A SEPARATE FORM FILLED OUT AND SIGNED BY EACH PARENT.

Amount Paid \$ _____ Pmt. Type _____ Staff Member _____
Cash, Check #, Credit Card Type