



PRIVATE SWIM LESSONS REGISTRATION FORM

Questions? Contact Nicole.Pakileata@rcrc.state.sc.us

These one-on-one, 30-minute lessons are provided by certified Water Safety Instructors (WSI). Focusing on the individualized needs of the swimmer. This program checks every box: from the introduction of water to stroke refinement. **We start lessons at age 3.**

<u>Packages</u>	<u>Non-Member Price</u>	<u>Member Price</u>
<input type="checkbox"/> 3 Lessons	\$200	\$150
<input type="checkbox"/> 5 Lessons	\$250	\$200
<input type="checkbox"/> 10 Lessons (Members Only)		\$360

**ATTENTION: NON-MEMBERS!
BUY 2 PACKAGES OF 5 LESSONS
& RECEIVE \$25 OFF!**

SWIMMER INFORMATION

First Name: _____ Last Name: _____ Gender: _____

DOB: _____ Age: _____ Grade in Fall 2026: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____

Has participant taken swim lessons before? Circle: **YES** or **NO**

Briefly describe participant's swimming ability: _____

Preferred Instructor: _____ Preferred Days: **M** **T** **W** **Th** **F** **Sat** **Sun**

Preferred Times: _____

MEDICAL INFORMATION

Please list any allergies, current medications, as well as any special accommodations and/or additional support that may be needed.

PARENT/GUARDIAN INFORMATION (IF APPLICABLE)

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Cell #: _____ Secondary #: _____ Work #: _____

Email: _____

COMPLETE INFORMATION ON BACK...



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TERMS OF SERVICE

- Lessons must be completed within 90 days of registration date. Any lessons not scheduled within this time frame will be forfeited and no refund will be given.
- Instructors must receive a 24-hour notice of any lesson cancellations. Failure to do so, will result in a lost lesson with no make-up dates.
- Scheduling of lessons is based on mutual availability between participants and swim instructor.
- Parents MUST be on the pool deck during the duration of the lesson.
- Payment for lessons must be made in full at the time of registration.
- Refund Policy: In the event of a Richland County Wellness Center cancellation or if the instructor fails to show, a make-up lesson will be scheduled or a refund will be issued for that lesson.

ACTIVITY WAIVER FORM

In signing up and participating in Richland County Wellness programs, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you might sustain as a result of participating in any and all activities, including transportation services, where provided.

I acknowledge that there are certain risks of physical injury to participants in this program, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss, regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims against the Richland County Wellness Center, its officials, agents, volunteers, sponsors and employees that I/my child may have as a result of participating in this program.

PHOTOGRAPHY/VIDEO DISCLAIMER

I understand that photographs of my child's participation in this program may be used by the Richland County Wellness Center to promote its events and facilities. I understand these photos may be taken without my receiving compensation and without my granting of additional approval. I also agree to abide by the "Parents Code of Ethics".

PAYMENT INFORMATION

By signing below, I authorize the Richland County Wellness center to initiate payment transactions to the credit card provided for all applicable swim lesson fees.

Card: VISA _____ MC _____ AMEX _____ DISC _____

First and Last Name (Print): _____

Card Number: _____ EXP: _____ CVV/CVC: _____

Participant or Parent Signature: _____ **Date:** _____

Please Note: All transaction information will be stored securely and confidentially. A copy of the registration information on page one of this form is retained for contact and reference purposes only.

For Office Use Only:

RCWC Employee Name: _____ Date: _____

Total # of Lessons: _____ Amount: _____ Paid? **YES** or **NO**