

RCWC 2026 SPRING PROGRAM REGISTRATION FORM

Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ Zip Code: _____

Email: _____ Contact Number: _____

PROGRAM SELECTION

Receive a \$5 OFF discount if enrolled in TWO programs!

Please check ONE program you wish to enroll in:

Baby Dance Class | \$15/pp (Member) \$35/pp (Non-member)

Feb 9 - March 16 | Mondays

PLEASE CIRCLE ONE: Pre-Ballet | 4-4:30pm | Ages: 3-5

Pre-Jazz | 4:35-5:05pm | Ages: 3-5

Swim Club | \$125/pp (Member) \$140/pp (Non-member)

Feb 24 - April 16 | Tuesdays & Thursdays | 6-7pm | Ages: 8-15

****MUST BE ABLE TO SWIM THE LENGTH OF POOL WITHOUT ASSISTANCE****

Youth Basketball | \$55/pp (Member) \$70/pp (Non-member)

Feb 24 - April 15 | Tuesdays & Thursdays | Time: TBD | Ages: 4-6, 7-8, 9-12, 13-15

Athletic Conditioning | \$60/pp (Member) \$75/pp (Non-member)

Feb 24 - April 15 | Wednesdays | 5-6pm | Ages: 6-15

Gaming Club | \$15/pp (Drop-in) \$50/pp (Flat Fee)

Feb 26 - April 16 | Thursdays | 6-7:30pm | Ages: OPEN

Safety in Water for Adults | \$50/pp (Member) \$65/pp (Non-member)

Feb 16 - Feb 20 | Mon-Fri | 4:30-5:30pm | Ages: 18+ | Min/Max Sign-ups: 7/12

EMERGENCY INFORMATION

Emergency Contact Name: _____

Relationship: _____ Contact Number: _____

Please list any allergies, current medications and/or special requests:

PAYMENT INFORMATION

I authorize the Richland County Wellness Center to initiate transactions on my credit card.

___ VISA ___ MC ___ AMEX ___ DISC

First and Last Name (Print): _____

Card Number: _____ Exp Date: _____ CVV/CVC: _____

Fee Agreement: I hereby understand and agree by signing this that I am obligated to the Richland County Wellness Center to pay all programming fees in full, via credit card.

Parent/Participant Signature: _____ Date: _____