

Registration for Spring Semester TigerSwim Lesson Program



Please complete all spaces listed below and sign the waiver so we can process your registration more efficiently.

Swimmer Information

Participant's Name: _____ Male or Female
(last) (first)

Date of Birth: ____/____/____ School: _____ Grade Completed: _____

Parent/Guardian Name (if under 18) _____
(last) (first)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: Mother: _____ Work Phone: Mother: _____
Father: _____ Father: _____

Is Participant or Parent/Guardian a University Employee? Yes No

If so, Campus Address: _____

Email Address

If you would like to receive email updates on the Learn to Swim Program, please provide email here:

Emergency Information

Emergency Contact (not a parent): _____ Relationship: _____

Emergency Phone: _____ Does the participant have medical insurance coverage? Y or N

Insurance Company: _____

Please list any illness, medical conditions, allergies, or special medications we need to be aware of:

Program Costs

Lessons cost \$40 per Monday/Wednesday or Tuesday/Thursday session.

Lessons cost \$30 per Saturday session. Full payment is due at time of registration.

Registration Information

Fill out class information on reverse side based on previous levels passed or by estimating appropriate level.

Descriptions of levels may be found in the Rec Services & Facilities Handbook or mizzourec.com.

Class levels may be combined or cancelled depending on number of swimmers registered.

Swim Lesson sessions meet Monday/Wednesday or Tuesday/Thursday evenings or Saturday mornings

depending on the session. Each class will run for 45 minutes, with the exceptions of Parent tot,

Preschool, Preschool +, which meet for 30 minutes.

If you have specific questions please contact the Aquatics Coordinator Carrie Steuber at 884-3795 or via email steubercl@missouri.edu. For further information visit the Rec website at www.mizzourec.com.

Class Information

***Spots are available to the first 40 registration forms received for each session time.**

Please circle the correct information.

Class Time and Days:

Session 1: (Jan 25th -Feb 11th) Registration Deadline is 1/21/10 **40 spots per class time**
6:00pm (Parent tot Pres Pres + Level 1 2 3 4 5 6) Monday/Wednesday or Tuesday/Thursday

Session 2: (Feb 22nd - Mar 18th) Registration Deadline is 2/18/10 **40 spots per class time**
6:00pm (Preschool Preschool + Level 1 2 3 4 5 6) Monday/Wednesday or Tuesday/Thursday

Session 3: (Apr 5th - Apr 29th) Registration Deadline is 4/1/10 **40 spots per class time**
6:00pm (Preschool Preschool + Level 1 2 3 4 5 6) Monday/Wednesday OR Tuesday/Thursday

Session 4: (Apr 10th - May 1st) Registration Deadline is 4/1/10 **40 spots per class time**
10:15am (Parent tot Pres Pres + Level 1 2 3 4 5 6) Saturday

Class verification

Session: _____ Day: _____ Time: _____ Level: _____

Informed Consent

I understand that the staff of the Learn to Swim Program reserves the right to terminate any child(ren)'s participation in the program due to behavioral issues. I understand that there is a risk of injury involved any time a child participation in the program due to behavioral issues. I understand that there is a risk of injury involved any time a child participants in sports or recreation activities such as those being conducted in the Learn to Swim Program. With knowledge of such risk and in consideration of my child(ren) being permitted to participate, I agree to assume the risk of such injuries and agree to release the University of Missouri, its employees, and agents from any and all liability for such injuries to my child(ren) resulting from his/her/their participation in the Learn to Swim Program. I also authorize the University of Missouri and its agents to request emergency medical treatment or care as necessary to insure the well-being of my child. Further, I claim that he/she they is/are in good health and are able to participate in all program activities. By signing this document I understand that photographs may be taken of my child(ren) participating in the program activities and agree to allow Rec Services to use these images for promotion of the program, the department, and the Univeristy. I understand that I may cancel within 72 hours (3 business days) of registration for any reason, and that after that period, the Rec Services cancellation policy will be in effect. I understand that the Learn to Swim Program will not offer make-up times for missed lessons.

Parent/Guardian Signature

Date

Office Use Only

Total Sessions: _____	Date: _____
Type of Payment: _____	Method: Cash / Check / MC / VISA / DISC / Stu. Chrg.
Card Number: _____	Exp. _____ Clerk: _____