

TCBSC Swim Lesson Registration

Personal Information					
Last Name:		First:		DOB:	
Address:		City:		Age:	
E-mail:		State:		Zip:	
Father:		Phone #:		Date:	
Mother:		Cell #:			

(Please choose one in each group)

Group Lesson Session	
I June 5 - June 16	
II June 19- June 30	
III July 10 - July 21	
IV July 24- August 4	

Group Lesson Time	
Jellyfish 9:00 am – 9:30 am	
Seal 9:00 am - 9:30 am	
Sea Otter 9:30 am – 10:00 am	
Swordfish 9:30 am - 10:00 am	

Jellyfish Water orientation, Basic water safety, develop comfort level with the water, Basic skills to develop safe swimmers. **Seal** Must swim 6 feet independently, Basic skills for freestyle, Basic skills for backstroke. **Sea Otter** Must swim 10 yards of both, Beginner Backstroke & Freestyle, begin basic skills for backstroke Begin basic skills for breaststroke, begin basic skills for butterfly, Begin basic skills for freestyle. **Swordfish** Must swim 25 yards of both, Intermediate Backstroke & Freestyle, Prepares swimmers for swim team, Stroke development for backstroke, Stroke development for breaststroke, Stroke development for butterfly.

Semi-Private (\$100 per Session)	Private (\$120 per Session)	Group Lessons (\$60 per session)

Notes: _____

Group lessons consist of (8) 30 minute sessions. The sessions will be held Monday-Thursday with the Friday of each week being used as a potential make up day. Semi-Private and Private lessons consist of (4) 30 minute sessions. The sessions will be scheduled directly through the instructor. **Additional \$20 for non-members.**

**** By signing here I understand that my child is participating in a Tega Cay Program. I agree that I will not enter myself, or my child, in any program unless we are medically able, and understand the hazards that go along with swimming lessons. I assume all risk, on behalf of my child, associated with participating in swimming lessons. Having read and signed this registration form, I hereby release the Tega Cay Beach & Swim Center staff, instructors and volunteers from any and all claims and/or liabilities of any kind that may arise while my child is participating in any of its programs.**

Parent/Guardian Name (please print):		Date:
Parent/Guardian Signature:		

Make checks payable to: Tega Cay Beach & Swim Center

Registration Fee: _____

Check #: _____