

CITY OF WEST COLUMBIA
2016 FIRST CAPITOL SWIM ACADEMY - REGISTRATION FORM

For office use only:

INV. # _____ CASH _____ CK # _____

_____ called by middle name
 _____ called by other name

Child's Last Name _____ First Name _____ Middle Name _____

_____ / _____ / _____ male ___ female ___

Age _____ Birthdate _____

- Session I: June 6 - June 16 Level enrolling in: PRE LI L2 L3
- Session II: June 20 - June 30 Level enrolling in: PRE LI L2 L3 L4
- Session III: July 11 - July 21 Level enrolling in: PRE LI L2 L3 L4 L5

_____ Father's Name _____ Mother's Name _____

_____ Address _____

_____ City _____ State _____ ZIP _____

Email: _____ Father Mother Both

Home Phone: _____ Alternate Phone Numbers: Father _____ Mother _____

Person to be called if parents cannot be reached: _____
 Name Phone Relation

Does the student have any medical conditions or physical limitations? _____

PARENTAL AUTHORIZATION

- *Application must be accompanied by payment. Cost is \$40/preschool or \$50/levels I-V, \$45 for each additional child from same family.
- *Refunds can be requested up until May 29th. After May 29th, refunds will only be given in the case of an emergency or doctor's orders (a medical certificate is required with request) or if class size does not reach minimum and the class is canceled. No refunds for days missed.
- *Applications are limited to a first-come-first-served basis. If class size does not reach the minimum, First Capitol Swim Academy reserves the right to cancel the class (refund will be issued in this case).

I give my permission for my child to participate in First Capitol Swim Academy's Swim Lesson Program. I accept full responsibility for any medical expenses incurred due to injury sustained during participation in this program.

Signature of Parent or Legal Guardian: _____ Date: _____