



Swimming Lessons At VSU

Keep up those swimming skills with Advanced Swimming classes this Spring, from VSU Continuing Education! Classes will be taught by Laura Carter, certified through USA Swimming and coach of the Stone Creek Coral Reefs.

Class Schedule (YOU MAY SIGN UP FOR ONE OR BOTH SECTIONS)

Advanced Swimming Section A

- 8 Tuesdays and Thursdays
- February 3 through 26, 2009
- 5:30-6:30 pm.
- Fee: \$84

Advanced Swimming Section B

- 8 Tuesdays and Thursdays
- March 3 through 26, 2009
- 5:30-6:30 pm
- Fee: \$84

More Info:

Classes are open to children and youth six years and older. Participants must be swimmers. To be defined as a swimmer, the child must:

- Be able to swim a full length (25 yards) of the pool without assistance.
- Be able to help themselves to the side & tread water in deep end.

Classes will consist of some individual instruction (based on the pre-existing skills of the students in the group) and practice time. Students will be working toward mastery of the four competitive strokes. *No prior knowledge of the four competitive strokes is necessary.* Class size is limited to 10 students, so sign up early for a spot!

Advanced Swimming classes will be held in the heated indoor pool at the VSU Student Recreation Center on Sustella Avenue. The water temperature is maintained at 82 degrees. There is parking available adjacent to the building. Your receipt serves as a parking permit. A changing room is available. Directions and instructions will be sent with your receipt.



Register Now! Incomplete registrations will be held for **5 days only**. A completed registration packet consists of Registration Form, signed Release and Waiver of Liability, and Payment.

Swimming Lesson Registration Form Spring, 2009

Complete this registration form and liability waiver and bring it to our office at the VSU Regional Center for Continuing Education, 903 North Patterson St, Valdosta, GA, 31698, or you may call in your registration to (229) 245-6484, confirm availability of desired section, and mail in your form and payment. **DUE TO LIMITED SIZE OF CLASSES, AVAILABILITY MUST BE CONFIRMED IN PERSON OR BY PHONE.**

Student's Name	Student's Social Security # (last 4 digits)	Student's Birth Year	
Parent/Guardian Name	Parent/Guardian SS# (Last 4 digits)	Parent's Email Address	
Address	City	State	Zip
Daytime Phone	Cell/Other Phone	Emergency Contact Name & Phone	

Check section(s) requested:

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Payment Type: Check # _____ (Payable to VSU Continuing Education) Credit Card (MasterCard VISA Discover)

Card # _____ Exp. Date _____ VIN# _____

Cardholder's Signature _____

Refund Policy: Full refunds will be given by contacting the Continuing Education office at 229-245-6484 at least three working days prior to the beginning of the program. No refunds will be given for cancellations later than 72 hours prior to the beginning of a class, but registrants may send a substitute. No partial refunds will be given for classes missed.

Please note: The VSU pool must occasionally be closed due to mechanical problems or lightning. We do our best to notify participants by telephone if we know ahead of time that classes must be cancelled. Makeup sessions for classes cancelled due to mechanical problems or weather will be scheduled according to instructor and pool availability. Sorry, but we cannot provide partial refunds for cancelled class sessions.

VALDOSTA STATE UNIVERSITY RELEASE, WAIVER OF LIABILITY AND COVENANT NOT TO SUE (READ CAREFULLY BEFORE SIGNING)

The undersigned hereby acknowledges that participation in swimming lessons involves an inherent risk of physical injury and by the execution of this release hereby assumes all such risks. The undersigned further agrees that for the sole consideration of Valdosta State University allowing the named child to participate in swimming lessons for which the university has made available equipment, facilities, grounds and personnel., the undersigned hereby releases and forever discharge Valdosta State University, the Board of Regents of the University System of Georgia, its members individually, and its officers, agents, and employees of any and from all claims, demands, rights and causes of action of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damages to property, and the consequences thereof, resulting from the named child's participation in or any way connected with swimming lessons. I understand that the acceptance of this Release, Waiver of Liability and Covenant Not to Sue by the Board of Regents of the University System of Georgia shall not constitute nor be construed as a waiver, in whole or in part, of sovereign or official immunity by said Board, its members, officers, agents and employees. I certify that I have read and understood the above.

Student's Name	Date of Birth	Parent/Guardian's Signature	Date
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