

Continuing Education



*Division of Public Services
Department of Continuing Education*

Summer Swimming Lesson Registration Form

To Register:

Complete and PRINT this form, then send or bring it along with payment to:

**Continuing Education
Valdosta State University
1500 N Patterson Street
Valdosta, GA 31698-0435**

Complete this form and then print it. Use the "TAB" key to move between fields.

Child's Name: _____ Age: _____ SSN (last 4 digits): _____

Parent's Name: _____ Parent SSN (last 4 digits): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers

Work: _____ Home: _____ Cell: _____

Email Address: _____

Check this box if you
DO NOT wish to receive
email newsletters

Emergency Contact: (other than parent) _____

Phone: _____ Relationship: _____

Please Note:

- Only **walk-in** or **telephone** registrations will be accepted for **Swimming Lessons**.
- Telephone registrations will reserve a space in a **swim slot** for five days. If payment and signed form(s) are not received within five days, the student's place in the class will be relinquished.
- Register for **Camp Discovery** programs by **mail, phone, fax, or walk-in**. To pay with a credit card call (229) 245-6484 or come by our office.
- Our office must have **signed copies** of the following **waivers** on file before classes begin. If you are registering by phone or fax, you will need to print, sign, and fax, mail or bring these waivers to our office. Thank You!

Swimming Lessons (Call 229.245.6484 for registration information)

Click [here](#) to see currently available time slots – this chart will be updated daily.
Please click on **reload** or **refresh** on your browser to see the most recent updates.

Due to the limited number of slots available during each session, registrations will only be finalized via telephone or walk-in.

Week	Time	Section letter	Fee	Course # (Office Use Only)

Swimming Lessons and Camp Discovery Links

Refund Policy: (Camp & Swim)

- * Full refunds: with notification by phone or in writing received prior to Wednesday at 4 PM the week before the camp/swim session begins.
- * No refund for cancellations after **Wednesday at 4 PM**; however, you may send a substitute.
- * Swimming session transfers requested after **Wednesday at 4 PM** will be considered cancellations and charged accordingly.

Check box to update total

Total Swimming	
Total Camp	
Grand Total	

Payment:

Check (Payable to VSU): Check # _____

Credit Card (Check one): Visa Master Card Discover

Card holder name or Signature _____ Security # _____

Billing address (Same as above?) Yes No If “no”, please write address below:

Card # _____ Exp Date: _____



Our offices are located at:
 VSU Regional Center for Continuing Education
 903 North Patterson Street
 Valdosta, GA, 31698-0435
 229-245-6484

RELEASE AND WAIVER OF LIABILITY
(Read Carefully Before Signing)

The undersigned hereby acknowledges that participation in Swimming Lesson/Camp Discovery courses 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 Lesson/Camp Discovery courses for which the University has made available equipment, facilities, grounds and personnel for such courses to the named child participating in Swimming Lesson/Camp Discovery, the undersigned hereby releases and forever discharges Valdosta State University and the Board of Regents of the University System of Georgia, its members officially and 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 in any way connected with Swimming Lesson/Camp Discovery courses. I understand that the acceptance of this release and waiver of liability 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 UNDERSTAND THIS RELEASE BEFORE SIGNING SAME
ON THIS _____ DAY OF _____, 20____

Full Name of Participating Student

Signature of Parent/Guardian



USE of PHOTOGRAPHS AGREEMENT and RELEASE

For sole consideration of being permitted to participate in the VSU Camp Discovery/Swimming programs, I, the undersigned, agree to provide Valdosta State University with the absolute right and unrestricted permission to copyright and/or use, and/or publish photographs/pictures of my child or children, still, single, multiple or moving, in whole or in part made in conjunction with my child's or children's activities associated with Camp Discovery/Swimming.

I waive any right that I may have to inspect and approve the photographs/pictures. I further agree and understand that the photographs/pictures may be reproduced in publications of Valdosta State University as well as publications associated with Valdosta State University's Camp Discovery/Swimming program. It is agreed and understood that the photographs/pictures will be utilized with the intent to advertise the existence and activities of the Camp Discovery/Swimming program.

I hereby release and forever discharge Valdosta State University, the Board of Regents of the University System of Georgia, their members individually and their officers, agents, and employees from any and all claims, demands, rights and causes of actions of whatever kind that its officers, trustees, agents and employees (current and former) from and against any and all claims, demands, and actions or causes of action, claims for attorney's fees whatever kind or nature which might be asserted against them, by or on behalf of myself, my heirs, assigns, attorneys in fact, attorneys at law, personal representative(s), dependents, or otherwise, arising from the use of photographs/pictures of my child or children in connection with his/her/their activities at Valdosta State University.

I affirm that the only consideration for signing this Agreement are the above stated terms, that no other promise or agreement of any kind has been made to or with me by any persons or entity whomsoever to cause me to execute this Agreement, and that I fully understand the meaning and intent of this Agreement, including, but not limited to its final and binding effect. I further state that I have read carefully this "Use of Photographs Agreement and Release"; know and understand its contents;

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have fully informed myself of the contents of the foregoing Use of Photographs Agreement and Release by reading it before I signed it, and that I understand it and that I sign this document freely and voluntarily, no oral representation, statements or inducements, apart from the foregoing written agreement, have been made. I further state that I am at least eighteen (18) years of age and fully competent to sign this agreement; and I am the parent of the child listed below and that I execute this Release for full, adequate consideration fully intending to be bound by the same.

Student's Name

Date of Birth

Parent/Guardian's Signature

Address

Date

