



# LEARN TO SWIM

**June 8 - July 18**

**\$40 Per Session**

**Ages 4-17**

Classes held Monday, Tuesday, Wednesday and Thursday

*Water aerobics, recreational and lap swim available for \$25 per session from June 1 - July 24.*

**Swimming Pool**

**Smith-Hammond-Middleton Memorial Center**

**Registration Begins**

Wednesday, June 3  
12:30 - 5:30 p.m.

Room 111, S-H-M Memorial Center

**Make Payments at**

Cashier's Office

Monday- Friday; 9 a.m. - 4 p.m.  
Room 108,

Crawford-Zimmerman Complex

For complete registration details, including the schedule of classes and additional payment information, visit [www.scsu.edu](http://www.scsu.edu).

Contact:

**Dr. Crystal S. Nixon, Aquatic Director**

(803) 536-7054 ● [cnixon@scsu.edu](mailto:cnixon@scsu.edu)



## 2015 Swimming Lesson Schedule

Participants	Time	Activity	Days
Ages 4-17	10:00 am - 2:55 pm	Swim Lessons	MTWR
Adult Swim Lesson	7:00pm - 8:00 pm	Swim Lessons	MTWR
18 & Above	6:00pm - 6:55 pm	Water Aerobics/Lap Swim	MTWR
Faculty, Staff, Community	7:00am - 8:00 am	Recreational/Lap Swim	TWR
	6:00pm - 7:00 pm		MTWR
SC State Students	8:00pm - 8:55 pm	Recreational/Lap Swim	MWTR
Faculty, Staff & Their Family	9:30am - 10:30 am	Recreational/Lap Swim	Saturday
Program Patrons	9:30am - 10:30 am	Recreational/Lap Swim	Saturday
Community Swim	9:30am - 10:30 am	Recreational/Lap Swim	Saturday
SC State Students	10:30am - 11:30 pm	Recreational/Lap Swim	Saturday

### Swimming Lesson Session Dates

#### Sessions 1

June 8 to June 20

#### Sessions 2

June 22 to July 2

#### Session 3

July 6 to July 18

### Water Aerobics and Recreational/Lap Swim Session Dates

#### Sessions 1

June 8 to June 20

#### Sessions 2

June 22 to July 2

#### Session 3

July 6 to July 18

#### Session 4

July 20 to July 24

To obtain details on registration, visit [www.scsu.edu](http://www.scsu.edu). Registration begins on Wednesday, June 3, 2015 from 12:30 p.m. to 5:30 p.m. Swim lessons for children are fifty-five minutes each and begins at 10:00 a.m. and each hour on the hour until 2:00 p.m. The price is \$40 per session for swim lessons and \$25 for water aerobics and lap swim.

Payments are to be made at the Cashier's Office, (Crawford Zimmerman, Room 108) weekdays between 9:00 a.m. and 4:00 p.m. Please indicate you are paying for swimming lessons, water aerobics or lap swim. Money orders or cash are accepted for payment. After making payment, please email a copy of your receipt to [cnixon@scsu.edu](mailto:cnixon@scsu.edu) or bring the receipt to Smith-Hamilton-Middleton Memorial Center (SHM), Room 111 to receive the registration package. **SC State faculty, staff and students do not have to pay for recreational/lap swim.**

For more information, contact Dr. Crystal S. Nixon, Aquatic Director, at (803) 536-7054 or [cnixon@scsu.edu](mailto:cnixon@scsu.edu).



# SC State University Aquatics Program

Director: Dr. Crystal S. Nixon    Office: (803) 536-7054    Email: cnixon@scsu.edu

## SUMMER 2015 REGISTRATION FORM

Participants Name: \_\_\_\_\_ AGE: \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Medical, Behavioral or learning needs that we should be aware of  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

In consideration for being permitted by South Carolina State University to participate in the activity(ies), I hereby waive, release, and discharge any and all claims for damages, for personal injury, death or property damage which may have, or which may hereafter accrue to me, as a result of participation in the said activity(ies). This release is intended to discharge in advance South Carolina State University (its officers, employees, and agents) from any and all liability arising out of or connected in any way with my participation in said activity (ies), even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. It is understood that SC State University DOES NOT provide accident insurance for ANY child or adult participating in the Aquatics Program offered by South Carolina State University. It is understood that this activity involves an element of risks and danger of accidents and knowing those risks, I hereby assume those risks. I am further agreed that this waiver, released and assumption of risk is to be binding by my heirs and assigns. I certify that I have adequate health insurance necessary to provide for and pay any medical costs that may directly or indirectly result from my participation in this activity (ies). I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my death or injury or property damage that may sustain while participating in said activity (ies).

Medical Insurance Company: \_\_\_\_\_

Name of Insured/Insurance ID#: \_\_\_\_\_

I have carefully read this agreement, waiver, and release and fully understand its contents. I am aware that this is a release of liability and a contract between myself and South Carolina State University and their employees and I sign it of my free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parent/Guardian or Adult Participant)

**Below is for office use only**

Session 1	Session 2	Session 3	Water Aerobics	Community Swim	Payment
10 am _____	10 am _____	10 am _____	6pm _____	Weekdays	
11 am _____	11 am _____	11 am _____		7am to 8am _____	
12pm _____	12pm _____	12pm _____		6pm to 7pm	
1pm _____	1pm _____	1pm _____		SAT 10am-11am _____	
2pm _____	2pm _____	2pm _____			
7pm _____	7pm _____	7pm _____			