

Mount St. Mary's University Youth Swimming Registration – Fall 1- 2019

Mondays: September 16, 23, 30, October 14, 21, and 28, 2019 <i>(no classes 10/7)</i>			
TOPSS: 6-6:40 pm	Swim School: 6:45-7:25 pm <i>(Beginner 2 & Intermediate 1 levels only)</i>		
REGISTRATION OPENING DATES			
Mount Community: Monday, August 12	ARCC Members: Wednesday, August 14	Spring 2019 Students: Friday, August 16	Non-Members: Monday, August 19
* <i>Early-Bird discount deadline is Friday, September 6, 2019 by 3 p.m.</i> <i>Registration deadline is Wednesday, September 11, 2019 by 3 p.m.</i>			

Please use the information on your child's previous skill sheet or the information on our website to enroll your child in the proper level. The website is www.msmary.edu/swimminglessons. Contact Beth Raub @ 301.447.7429 or raub.msmary.edu if you need further assistance.

You will receive a confirmation email when your child's registration is complete. **All sections marked with * are required.**

*Student's Name	*Age	TOPSS Level	Swim School Level

Parent/Guardian Information: Please complete all information and **PRINT** Clearly!

*Name(s): _____

*Address: _____ *City, State, Zip: _____

*Phone: _____ *Email: _____

(Mount email required to receive Mount Community price)

*As parent/legal guardian, I give my permission for _____ to participate in aquatic classes at the Knott Athletic Recreation Convocation Complex. I am aware that participation in athletics and recreation involves the risk of personal injury. The use of equipment, facilities, and premises of Mount St. Mary's University by persons participating in athletic and recreation activities shall constitute acceptance of that risk regardless of the nature of the injury. I agree that the University, its officers, employees, and agents shall not be liable for injury, loss, or damage sustained or suffered by persons participating in athletic or recreation activities at the University, whether caused directly or indirectly by the negligence or fault of Mount St. Mary's University, its officers, employees or agents otherwise. I hereby acknowledge that I have read and understand the above stated waiver.

* _____
Signature of Parent or Guardian

* _____
Date

*Emergency contact for parent: _____ Phone number: _____

*Parent Name: _____

*Child(ren) Name(s): _____

FEES:

<u>Membership Status</u> <i>(check one)</i>	<u>*Early Bird</u> <i>(ends @ 3 pm on 9/6/19)</i>	<u>Regular</u> <i>(ends @ 3 pm on 9/11/19)</i>
_____ Mount Community	\$39 x # _____ = _____	\$49 x # _____ = _____
_____ ARCC Member	\$49 x # _____ = _____	\$59 x # _____ = _____
_____ Non-Member	\$59 x # _____ = _____	\$69 x # _____ = _____

Payment must be submitted with registration forms. Only check & credit card payments are acceptable. No cash please. No online registrations will be accepted. Please make checks payable to Mount St. Mary's University. Mail to: Mount St. Mary's University Swimming Pool, Attn. Beth Raub, 16300 Old Emmitsburg Road, Emmitsburg, MD 21727, or drop off at the ARCC during business hours.

Check # _____ Credit Card MasterCard Visa Discover

Number: _____ - _____ - _____ - _____ Expiration date: _____ 3 Digit Security # _____

Signature: _____