

# NMB Aquatic & Fitness Center 2018-2019 After School Program Registration is going on Now!

Mondays-Fridays, 2:30 pm-6:00 pm

Grades: Kindergarten– 6th grade



The kids can take  
the bus to the  
Aquatic Center  
from school.

**FEE: Member: \$50 per week**

**Non-Member: \$60 per week**

\* 50% off for each additional sibling

\* 10% discount if you pay monthly in advance

**\*Daily Rates Available. \$18 per day per child. Must have set days.**

**Other Discounts do not apply to the daily rates.**

*Fees should be paid a week in advance. A late fee of \$10 per child per week will be charged when fees are not paid in advance.*

The kids will receive support with their homework, as well as snacks, and activities in the pool and gym. For more information call Heather Smith at 843-281-3744.

**Ocean Drive Elementary– Bus #9 Middle– Bus #3**

# North Myrtle Beach Aquatic & Fitness Center After School Program 2018/2019

Child Name #1: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: *M F* Grade: \_\_\_\_\_

Child Name #2: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: *M F* Grade: \_\_\_\_\_

Child Name #3: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: *M F* Grade: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Emergency Contact (other than parents listed): \_\_\_\_\_ Phone #: \_\_\_\_\_

Persons Authorized to Pick Up: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Is your child living with ADD, or ADHD, or Other Special Circumstances we need to be aware of:

\_\_\_\_\_

## Waiver and Release of Liability & Assumption of Risk

Applicant's Name \_\_\_\_\_ has my permission to participate in the **North Myrtle Beach Aquatic & Fitness Center After School Program**. I/we understand what the aforementioned activity involves and believe that the aforementioned person is in proper physical condition to participate. I/we assume all risks and hazards incidental to the conduct of the aforementioned activity. In consideration of your accepting my entry, I hereby for myself, my child, my heirs, executors and administrators, waiver and release any and all rights and claims for damages I or my child may have against the **After School Program, NMB Aquatic & Fitness Center**, City of North Myrtle Beach Parks and Recreation Department and its representatives, successors and assigns for any and all injuries suffered by myself or my child at any activity sponsored by these groups. I also give permission to the City of North Myrtle Beach to use and display any photographs taken of me/my child, which may be forwarded to newspapers and other publications in which the photograph would be associated with the City of North Myrtle Beach. In the event of an emergency requiring medical attention beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by **the North Myrtle Beach Aquatic and Fitness Center After School Program** and staff to provide medical emergency attention to the aforementioned person including hospitalization. Any expense from injury or illness is the responsibility of the parental insurance company.

Date \_\_\_\_\_ Name (Parent/Guardian) \_\_\_\_\_

Signature (Parent/Guardian) \_\_\_\_\_