

Waves Stroke Training

Spring 2022

Our Waves Program offers participants (ages 6-16) training for an easy transition from intermediate swimming to swim team level by perfecting strokes and technique. Registration opens November 30. Participants may sign up for Monday/Wednesday or Tuesday/Thursday classes. Participants will have 8 total classes over the course of 4 weeks. **Prices are \$70 for members and \$95 for nonmembers.** Purchase entire season (all sessions) and receive bulk discount pricing! Member \$189 | Non-member \$265. Bulk purchases must be made at the Membership desk.

CHOOSE TRAINING SESSION(S):

- Spring 1:** February 28 - March 31
- Spring 2:** April 4 - April 28
- Spring 3:** May 2 - May 26

CHOOSE PREFERRED DAYS FOR SESSION(S):

- Monday/Wednesday (Wave 1 and 2)**
- Tuesday/Thursday (Wave 3 and 4)**

CHOOSE YOUR WAVE:

- Wave 1:** To participate, the swimmer should be able to swim 1/2 length of freestyle and backstroke. Mastery of these strokes will be the goal of this class. **Time: 6 - 6:30 PM.**
- Wave 2:** To participate, the swimmer should be able to swim a length of freestyle and a lap of backstroke plus have a rudimentary knowledge of butterfly and breaststroke. This class's goal is to swim 1/2 length of butterfly and know the basics of breaststroke. **Time: 6:30 - 7 PM.**
- Wave 3:** To participate, the swimmer must know all 4 strokes but may not have mastered breaststroke. Should be able to swim 4 length (100 yds total) without stopping. The goal of this class is to master all four strokes, to swim each of them legally, and to build stamina. **Time: 6 - 6:30 PM.**
- Wave 4:** To participate, the swimmer knows all four strokes, can swim each of them legally, and can consistently demonstrate correct swimming form. This class's goal is to increase aerobic endurance, to learn how to swim basic sets, and to advance to competitive swimming. **Time: 6:30 - 7 PM.**

CONTACT INFORMATION

First & Last Name of swimmer: _____

DOB (mm/dd/yyyy) of swimmer: _____ Gender (M/F) of swimmer : _____

Parent/Guardian Name: _____

Parent Phone: _____ Parent Email: _____

Street Address: _____

City/State/Zip: _____

Emergency Contact (Name, Phone): _____

QUESTIONS? ASK MARTA!

CALL: 864-527-5948 ext. 66031

ONLINE AT: KrocGreenville.org/aquatics

EMAIL: Marta.Bernasconi@uss.salvationarmy.org



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RELEASE AND WAIVER FORM PHOTO RELEASE – I certify that I am the age of majority, and having the right to contract in my own name and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and to the extent herein set forth. I hereby irrevocably grant to The Salvation Army, its successors and assigns, its agents and those by whom it is commissioned, the absolute, unrestricted and unlimited license, right, permission, and consent to use and reuse, disseminate, copyright, print, reproduce, publish and republish, for any and all trade purposes or commercial or other advertising or public purposes, and in any and all advertising, publicity, display, publication or media, my and my minor's names, signature and likenesses, and any portraits, pictures, photographic prints or other representations of me and/or my minors, or in which any may appear, or any reproductions or sketches thereof or parts thereof, photographic or otherwise, with such additions, deletions, alterations or changes therein as you in your discretion may make, either separately or together with names or fictitious names, or the name of another person, with or without any statements or testimonials made by me, or authorized by me which you may, in your discretion, prepare for use in connection therewith. I warrant that I have not limited or restricted the use of my or my minor's name or photograph to the use of any organization or person. I hereby grant unrestricted use of audio tracks or text by The Salvation Army for such purposes as The Salvation Army may deem appropriate. I hereby release and discharge The Salvation Army, its successors, assigns and agents from any and all claims and demands arising out of or in connection with the use of any of the foregoing, including any claims for defamation, invasion of privacy or violation of any statutory right.

Member Initials _____

LIABILITY WAIVER – I understand that the use of facilities, equipment, and participation in programs offered by The Salvation Army Kroc Center may involve risk of bodily injury or property damage. I agree to assume such risks to me and on behalf of all minors on the Membership Application, Day Pass, or other form of admittance to Kroc Center programs. I understand it is up to me to consult with physicians or other medical professionals to ensure that I and my minors can safely participate in activities and events offered by The Salvation Army Kroc Center. I understand and agree that I am relinquishing my right and the rights of my estate or heirs to make any claim of any nature against The Salvation Army, its agents, employees, and volunteers.

Member Initials _____

I represent to The Salvation Army, that neither I, nor anyone I am signing on the behalf of, are registered sex offenders in any legal jurisdiction and that furthermore, I have an affirmative duty to The Salvation Army to immediately disclose to The Salvation Army any change in registered sex offender status for myself or anyone I am signing for who seeks admittance at the RJKCCC. For the safety of all concerned, membership is denied to known registered sex offenders.

Member Initials _____

NOTICE - In order to promote a safe and secure environment, The Salvation Army Kroc Center has placed video cameras in various locations. As part of our commitment to the safety of children and vulnerable persons, The Salvation Army Kroc Center reserves the right to consult public sources to determine whether any member or guest of any member poses an unreasonable risk of harm to its patrons, staff, or visitors.

RETURNED CHECK / ELECTRONIC FUNDS TRANSFER POLICY - There is a \$30 charge for each non-sufficient funds transaction. Non-payment may result in termination of membership.

Member Initials _____

CANCELLATION POLICY - Membership fees are non-refundable. In order to cancel or make a change to a membership agreement, the Primary Member must fill out a Membership Change Form. If submitted after the 10th of the month, it will not be effective until the end of the following month.

RELEASE AUTHORIZATION – I hereby agree to each of the consents and waivers listed above, including the Liability Waiver, as pertaining to my own or my minor's participation, in functions, activities, special events, and field trips. I hereby certify that I am the parent/legal guardian of all minor children or dependents on the Membership Application, Day Pass, or other form of admittance to the Kroc Center and have executed these releases on (his)/(her) behalf.

Member Initials _____

I understand that this is a legal document. I acknowledge that I have read this document and that I understand the words and language in it.

Parent/Guardian Signature: _____ Date: _____

PRINTED NAME: _____ Date: _____