July 31, 2013

FOR IMMEDIATE RELEASE

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After School Program Offered at NMB Aquatic & Fitness Center

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School Buses will bring Children from School to the Aquatic & Fitness Center

North Myrtle Beach, SC – Registration is now open for those who wish to enroll their children in the North Myrtle Beach Aquatic & Fitness Center After School Program. The program is for children in kindergarten through the sixth grade and is offered Monday through Friday, 2:30 p.m.-6:00 p.m.

Participants may ride the bus from their school to the Aquatic & Fitness Center. The buses that will bring children to the After School Program are #31 North Myrtle Beach Primary School, #23 North Myrtle Beach Elementary / Intermediate School, and #3 North Myrtle Beach Middle School.

During the After School Program, participants will enjoy a safe, structured environment. They receive support with their homework, enjoy snacks, and participate in activities in the gym and pool.

Registration is ongoing throughout the school year. Registration and payment are required prior to the start of each week that one’s child will be enrolled.

Aquatic & Fitness Center members pay $50 per week and non-members pay $60 per week. A 50% discount is offered for each additional sibling. A 10% discount is offered to those who pay monthly in advance.

Daily rates are also available at $18 per day per child. The child must attend on set days. Discounts do not apply to daily rates.

For more information contact Heather Smith (843) 281-3744 or via email at hzsmith@nmb.us.

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NMB Aquatic & Fitness Center
After School Program

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

Grades: Kindergarten– 6th grade

**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 Now Available. $18 per day per child. Must have set days. Other Discounts do not apply to the daily rates.*

Registration and payment is required prior to the start of each week your child will be enrolled. 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.

**Primary-Bus # 31, Elementary/Intermediate-Bus # 23, Middle– Bus # 3**
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 #:_________________
Emergency Contact:__________________________ Phone #:_________________
Medications:________________________________________
Allergies:________________________________________

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)____________________________________________________