



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIM LIKE A FISH!

Fall Swimming Lessons YMCA of Bristol

The YMCA Swim Lesson program teaches children to be safe and have fun around the water. We create an environment where all can come together to learn, grow and thrive. Whether it's gaining the confidence that comes from learning to swim or building the positive relationships that lead to good sportsmanship; participating in swimming at the Y is about building the whole child.

Classes are held twice a week for four weeks:

Tuesday & Thursday

Members: \$35 **Potential Members: \$70**

Evening Classes: 5:30pm, 6:10 pm & 6:45pm

Parent/Child: 6-36 months (5:30-6:00pm)

Preschool: 3-5 years (6:05-6:35pm)

School Age: 6-12 years (6:40-7:10pm)

Financial assistance is available.

Questions? Contact Member Services (423)968-3133.



Last Group Lessons for 2019:

TUESDAY & THURSDAY

October 22 - November 14

Private lessons are available all year.

Suzanne Wantland
YMCA of Bristol

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Youth Swim Lesson Registration Form

Session/Time/Stage: _____

Participant Information

_____	____/____/____	_____	_____	_____
Program Participant's Full Name	Date of Birth	Age	Race	Anything we should know about your child? (allergies, special needs, etc)
_____	____/____/____	_____	_____	_____
Program Participant's Full Name	Date of Birth	Age	Race	Anything we should know about your child? (allergies, special needs, etc)
_____	____/____/____	_____	_____	_____
Program Participant's Full Name	Date of Birth	Age	Race	Anything we should know about your child? (allergies, special needs, etc)

Guardian Contact Info

_____	_____	_____		
Name	Cell Number	Email Address		
_____	_____	_____	_____	_____
Home Address	City	State	Zip	Home/Work Number
_____	_____	_____		
Emergency Contact	Phone Number			

Waiver

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of Bristol for any purpose including, not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees, and represents that he or she has, or immediately upon entering or participating will, inspect and careful consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: The undersigned hereby certify that my child is in normal health and capable of safe participation in YMCA Youth Programs. If there are any health problems, I will notify the YMCA of such problems, I assume all risk(s) and hazards incidental to the conduct of any program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that the parent/guardian(s) cannot be reached. I will be responsible for any medication costs, including ambulance transportation. THE UNDERSIGNED HEREBY CERTIFY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the under-signed, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any the facilities or equipment therein or participating in any program affiliated with the YMCA. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by negligence of the releases or otherwise. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Tennessee and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made. YMCA of Bristol association policy is to monitor the sex offender registry. Persons discovered to be on the sex offender registry will not be eligible for membership, program participation, facility access, volunteer opportunities or employment opportunities. I give permission to the YMCA of Bristol to use, without limitations or obligations, photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs.

Signature of Parent/ Guardian _____ Date Signed _____

Staff Section:
 Staff Name (Print): _____ Date: _____
 Receipt #: _____ Amount Paid: \$ _____
 # of Sessions: _____
 Attached copy of receipt Given to Aquatics Director