



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIM LIKE A FISH!

Group Swimming Lessons YMCA of Bristol

The YMCA Group 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.

Classes are 30 minutes long, twice a week for four weeks:

Tuesday/Thursday

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)

Pricing

Members: \$35 Potential Members: \$70

2020 Winter/Spring Sessions

#1 January 14th - February 6th

#2 February 18th - March 12th

#3 March 24th - April 16th

Questions? Please contact Suzanne Wantland (423)968-3133.

YMCA of Bristol

400 MLK Jr. Blvd., Bristol, TN 37620
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STAGE DESCRIPTIONS & REGISTRATION

There is only 1 Stage for the Parent/Child class which will be divided into smaller groups during lessons

Preschool Classes (Stages 1, 2 & 3)

School Age Classes (Stages 1, 2, 3, 4 & 5)

1 / WATER ACCLIMATION

Will not put face in the water, or has never had swim lessons

2 / WATER MOVEMENT

Will put face in the water Ready to start swimming

3 / WATER STAMINA

Can swim to safety from a short distance

4 / STROKE INTRO

Ready to learn stroke techniques

5 / STROKE DEVELOPMENT

Learn all major competitive strokes.

Questions about stages? Contact Suzanne (423)968-3133.

Participant Information (Race is for reporting purposes only)

Please Circle the Appropriate Class Level

_____	____/____/____	_____	_____	Session # _____	Stage: _____	Parent/Child	Pre-School	School Age
Program Participant's Full Name	Date of Birth	Age	Race					
_____	____/____/____	_____	_____	Session # _____	Stage: _____	Parent/Child	Pre-School	School Age
Program Participant's Full Name	Date of Birth	Age	Race					
_____	____/____/____	_____	_____	Session # _____	Stage: _____	Parent/Child	Pre-School	School Age
Program Participant's Full Name	Date of Birth	Age	Race					

Guardian Contact Info

_____	____/____/____	_____		
Name	Date of Birth	Email Address		
_____	_____	_____	_____	_____
Home Address	City	State	Zip	Cell Number
Contact preference? (check all that apply)	<input type="checkbox"/> Text	<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email	<input type="checkbox"/> Any/No Preference
_____	_____			
Emergency Contact	Phone Number			

Anything we should know about your child(ren)? (allergies, special needs, etc)

Waiver

I hereby certify that my child is in normal health and capable of safe participation in Y Youth Programs. If there are any health conditions, I will notify the Y of such problems. I assume all risk(s) and hazards incidental to the conduct of any program.

I hereby authorize the Y to obtain medical treatment for my child in the event that parent/guardian(s) cannot be reached. I will be responsible for any medical costs, including ambulance transportation.

I give permission for my child to participate in the media coverage and publicity of the YMCA.

Parent/Guardian Signature _____ Date _____