

GROUP SWIM LESSONS

Registration
Now Open!



Tues. and Thurs.
Jan. 18 - Feb. 10
Feb. 22 - Mar. 17
Mar. 29 - April 21
May 3 - May 26

Pre-School:

5:30 - 6:00pm

Pre & School Age:

6:05 - 6:35pm

School Age:

6:40 - 7:10pm

3 years old and up

Classes are held 2 days per week for 4 weeks.

MEMBERS - \$35 POTENTIAL MEMBERS - \$70

**Float, Private and Buddy Lessons are available all year long -
See member services for more details.**

423-968-3133

suzanne@bristolymca.net

bristolymca.net



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

GROUP SWIM LESSON REGISTRATION

Parent/Child (M & W): Jan 17 - Feb 9 Feb 21 - Mar 6 Mar 28 - April 20 May 2 - May 25

Please circle the Session Dates:

Group Lessons (Tu & Th): Jan 18 - Feb 10 Feb 22 - Mar 7 Mar 29 - April 21 May 3 - May 26

Participant Information (Race is for reporting purposes only)

Sex Please Circle the Appropriate Class

_____	____/____/____	_____	_____	M	F	U	Parent/Child	Pre-School	School Age
Program Participant's Full Name	Date of Birth	Age	Race						
_____	____/____/____	_____	_____	M	F	U	Parent/Child	Pre-School	School Age
Program Participant's Full Name	Date of Birth	Age	Race						
_____	____/____/____	_____	_____	M	F	U	Parent/Child	Pre-School	School Age
Program Participant's Full Name	Date of Birth	Age	Race						

Guardian Contact Info

_____	____/____/____	M	F	U	_____
Name	Date of Birth	Sex			Email Address
_____	_____	_____	_____	_____	_____
Home Address	City	State	Zip	Cell Number	
Contact preference? (check all that apply) ___ Text ___ Phone Call ___ Email ___ 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 Y.

Parent/Guardian Signature _____ Date _____