

# PARENT/CHILD SWIM LESSONS

## Registration Now Open!



Mon. and Wed.

Jan. 17 – Feb. 9

Feb. 21 – Mar. 16

Mar. 28 – April 20

May 2 – May 25

Time:

5:30 – 6:00pm

6 months to  
3 years old

**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.**

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[bristolymca.net](http://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
<b>Program Participant's Full Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Race</b>						
_____	____/____/____	_____	_____	M	F	U	Parent/Child	Pre-School	School Age
<b>Program Participant's Full Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Race</b>						
_____	____/____/____	_____	_____	M	F	U	Parent/Child	Pre-School	School Age
<b>Program Participant's Full Name</b>	<b>Date of Birth</b>	<b>Age</b>	<b>Race</b>						

### Guardian Contact Info

\_\_\_\_\_  
Name      \_\_\_\_/\_\_\_\_/\_\_\_\_      M F U      \_\_\_\_\_  
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 \_\_\_\_\_