

# GROUP SWIM LESSONS

## Registration Now Open!



### Ages:

3 - 12 Years old

### Tues. and Thurs.

Starting Jan. 17, 2023

(All dates on Reg. Page)

### Pre-School (3-5 yrs.):

5:30 - 6:00pm

### Mixed Ages (5-9 yrs.):

6:05 - 6:35pm

### School Age (8-12 yrs.):

6:40 - 7:10pm

**Group Swim Lesson registrations and payments must be taken care of at the Member Services Desk.**

**Classes are held 2 days per week for 4 weeks.**

**MEMBERS - \$35      POTENTIAL MEMBERS - \$70**

**Payment is required at time of registration.**

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

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

## GROUP SWIM LESSON REGISTRATION

**Group Swim Lesson registrations and payments must be taken care of at the Member Services Desk.**

Please circle the Session Dates:

Jan. 17 - Feb. 9	Feb. 21 - Mar. 16	Mar. 28 - Apr. 20
May 2 - May 25	June 6 - June 29	July 11 - Aug. 3
Aug. 15 - Sept. 7	Sept. 19 - Oct. 12	Oct. 24 - Nov. 16

**Payment is required at time of registration.**

### Participant Information (Race is for reporting purposes only)

Sex

Please Circle the Desired Class

_____	___/___/___	_____	_____	M F U	Pre-School	Mixed Ages	School Age
Program Participant's Full Name	Date of Birth	Age	Race				
_____	___/___/___	_____	_____	M F U	Pre-School	Mixed Ages	School Age
Program Participant's Full Name	Date of Birth	Age	Race				
_____	___/___/___	_____	_____	M F U	Pre-School	Mixed Ages	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)	<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 Y.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_