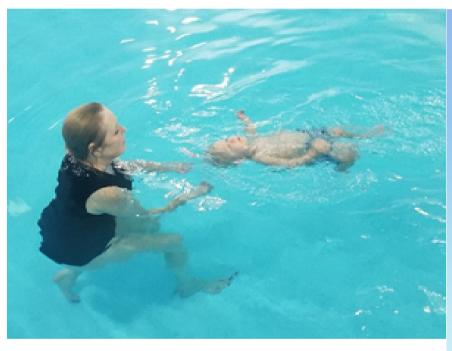


FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LITTLE FLOATERS

Infant & Toddler Survival Swim Program YMCA of Bristol



Ask about our Float Loyalty Program

Ages:

1 - 4 years old

Classes Start:

January 16, 2023

(All dates on Reg. Page)

Price:

Members: \$210

Potential Members: \$290

Little Floater Lessons are a one-to-one survival swim program that teaches children ages 1-4 how to roll on their backs so they can breathe, float and reach the side of the pool until help arrives. Those precious seconds can save a life! Sessions include 8 lessons, each 10 -15 minutes long. These "mini" lessons maximize the short attention span of toddlers while gradually increasing the child's comfort level in the water through personalized one-to-one instruction by a certified Little Floater instructor. We like to call the classes "Float Time" with the kiddos, similar to Nap Time and Bed Time, it is a time to float.

Classes are held 2 days per week for 4 weeks

Payment is required at time of registration.



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LITTLE FLOATERS SWIM LESSON REGISTRATION

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

Please circle the Session Dates:	Jan. 16 - Feb. 10	Feb. 20 - Mar. 17	Mar. 27 - Apr. 21
	May 1 - May 26	June 5 – June 30	July 10 – Aug. 4
	Aug. 14 – Sept. 8	Sept. 18 - Oct. 13	Oct. 23 - Nov. 17
Paymen	t is required at time of	registration.	
Participant Information (Race is	for reporting purposes only)	<u>Sex</u>	
		M F U	
Program Participant's Full Name	•	ace	
Program Participant's Full Name	//	M F U nce	
Name	// M F Date of Birth Sex	UEmail Address	
Home Address			Cell Number
Contact preference? (check all that apply)	Text Phone Call	Email Any/N	o Preference
Emergency Contact	Phone Number		
Amaking an about the control of the	(ren)? (allergies, special needs,	etc)	
Anything we should know about your child			
Waiver I hereby certify that my child is in normal conditions, I will notify the Y of such problem.	•		•
Waiver I hereby certify that my child is in norma	ems. I assume all risk(s) and haz treatment for my child in the ev	ards incidental to the conduct o	f any program.
Waiver I hereby certify that my child is in normal conditions, I will notify the Y of such problet I hereby authorize the Y to obtain medical forms.	ems. I assume all risk(s) and haz treatment for my child in the ev g ambulance transportation.	ards incidental to the conduct o	f any program.