



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LITTLE FLOATERS

Infant & Toddler Survival Swim Program
YMCA of Bristol



Ages:

1 - 4 years old

Price:

Members: \$210

Potential Members: \$290

Ask about our Float Loyalty Program

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.

423-968-3133

maura@bristolymca.net

bristolymca.net



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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

Payment is required at time of registration.

Participant Information (Race is for reporting purposes only)

Sex

_____/_____/_____
Program Participant's Full Name Date of Birth Age Race M F U

_____/_____/_____
Program Participant's Full Name Date of Birth Age Race M F U

Guardian Contact Info

_____/_____/_____
Name Date of Birth M F U 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 _____