

GROUP SWIM LESSONS

Registration Now Open!



Ages:

3 – 12 Years old

Tues. and Thurs.

(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.**

423-968-3133

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bristolymca.net



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: 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)	____ 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 _____