

# PARENT/CHILD SWIM LESSONS

**Registration  
Now Open!**



Ages:

6 months – 3 years old

Mon. and Wed.

(All dates on Reg. Page)

Time:

5:30–6:00pm

**Parent/Child 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**

**sierra@bristolymca.net**

**bristolymca.net**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## PARENT/CHILD SWIM LESSON REGISTRATION

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

Please circle the Session Dates:      June 5 – June 28      July 10 – Aug. 2      Aug. 14 – Sept. 6  
Sept. 18 – Oct. 11      Oct. 23 – Nov. 15

**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 \_\_\_\_\_