



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



GROUP SWIM LESSONS

Youth Swim Program

Ages: 3 - 12 Years old

Pre-School (3-5 yrs):
5:30 - 6:00pm

Mixed Ages (5-8 yrs):
6:05 - 6:35pm

School Age (8-12 yrs):
6:40 - 7:10pm

Classes are held 2 days per week (Tues & Thurs) for 4 weeks
All session dates on Registration Page

MEMBER PRICE

\$35

POTENTIAL MEMBER PRICE

\$70

PAYMENT IS REQUIRED AT TIME OF REGISTRATION

The YMCA Swim Lesson program teaches children to be safe and have fun around the water. We create an environment where all can come together to learn, grow and thrive. Whether it's gaining the confidence that comes from learning to swim or building the positive relationships that lead to good sportsmanship; participating in swimming at the Y is about building the whole child.

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GROUP SWIM LESSON REGISTRATION

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

Please Circle Session Dates:

Jan. 16 - Feb. 8	Feb. 20 - Mar. 14	Mar. 26 - Apr. 18
April 30 - May 23	June 4 - June 27	July 9 - Aug. 1
Aug. 13 - Sept. 5	Sept. 17 - Oct. 10	Oct. 22 - Nov. 14

Payment is required at time of registration.

Participant Information (Race is for reporting purposes only)

				<u>Sex</u>	<u>Please Circle the Desired Class</u>		
_____	___/___/___	___	___	M F U	3-5 yrs	5-8 yrs	8-12 yrs
Program Participant's Full Name	Date of Birth	Age	Race				
_____	___/___/___	___	___	M F U	3-5 yrs	5-8 yrs	8-12 yrs
Program Participant's Full Name	Date of Birth	Age	Race				
_____	___/___/___	___	___	M F U	3-5 yrs	5-8 yrs	8-12 yrs
Program Participant's Full Name	Date of Birth	Age	Race				

Guardian Contact Information

_____	___/___/___	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 _____