



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



PARENT/ CHILD SWIM LESSONS

Youth Swim Program

Ages: 6 months – 3 years old

Time: 5:30-6:00pm

**Classes are held 2 days per week (Mon & Wed) for 4 weeks
All session dates on Registration Page**



MEMBER PRICE

\$35

POTENTIAL MEMBER PRICE

\$70

PAYMENT IS REQUIRED AT TIME OF REGISTRATION

**The Parent/ Child Swim Lesson program teaches children to be safe
and have fun around the water but with you involved!**

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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:

Jan. 15 - Feb. 7	Feb. 19 - Mar. 13	Mar. 25 - Apr. 17
April 29 - May 22	June 3 - June 26	July 8 - July 31
Aug. 12 - Sept. 4	Sept. 16 - Oct. 9	Oct. 21 - Nov. 13

Payment is required at time of registration.

Participant Information (Race is for reporting purposes only)

_____	____/____/____	_____	_____	<u>Sex</u>
Program Participant's Full Name	Date of Birth	Age	Race	M F U
_____	____/____/____	_____	_____	M F U
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 _____