



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



GROUP SWIM LESSONS

Youth Swim Program 2025

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

At the YMCA of Bristol, Safety Around Water is our #1 goal! Our 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 2025

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

Please Circle Session Dates:

Jan. 14 – Feb. 6	Feb. 18– Mar. 13	Mar. 25 – Apr. 17
April 29 – May 22	June 3 – June 26	July 8 – July 31
Aug. 12 – Sept. 4	Oct. 7 – Oct. 30	

Payment is required at time of registration.

Participant Information (Race is for reporting purposes only)

Sex

Please Circle the Desired Class

_____	____/____/____	_____	_____	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 Info

_____	____/____/____	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 _____