



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Ask about our Float Loyalty Program

LITTLE FLOATERS

Infant & Toddler Survival Swim Program 2025

Ages: 1 - 4 years old

Classes are held 2 days per week for 4 weeks

All session dates on Registration Page (see back)

MEMBER PRICE

\$225

POTENTIAL MEMBER PRICE

\$305

PAYMENT IS REQUIRED AT TIME OF REGISTRATION

Little Floaters is a one-to-one survival swim program for children ages 1-4. The program teaches them how to roll on their backs to breathe, float, and reach the side of the pool until help arrives. Sessions consists of 8 lessons, each lasting 10-15 minutes. These personalized lessons by certified instructors gradually increase the child's comfort level in the water. We refer to the classes as "Float Time" with the kiddos, providing a dedicated time for floating similar to Nap Time and Bed Time.



423-968-3133

maura@bristolymca.net

bristolymca.net



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LITTLE FLOATERS SWIM LESSON REGISTRATION 2025

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

Please circle the Session Dates:

Jan. 13 – Feb. 7	Feb. 17 – Mar. 14	Mar. 24 – Apr. 18
April 28 – May 23	June 2 – June 27	July 7 – Aug. 10
Aug. 11 – Sept. 5	Oct. 7 – Oct. 30	

Payment is required at time of registration.

Participant Information (Race is for reporting purposes only)

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