



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



GROUP SWIM LESSONS

Youth Swim Program 2026

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.

423-968-3133

davidgodsey@bristolymca.net

bristolymca.net



For Office Use Only
Date: _____ Paid _____
Staff Initials: _____

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GROUP SWIM LESSON REGISTRATION 2026

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

Please Circle Session Dates:	Jan. 13 - Feb. 5	Feb. 17 - Mar. 12	Mar. 24 - Apr. 16
	April 28 - May 21	June 2 - June 25	July 7 - July 30
	Aug. 11 - Sept. 3	Sept. 15 - Oct. 8	Oct. 20 - Nov. 12

Payment is required at time of registration.

Participant Information (Race is for reporting purposes only)

Program Participant's Full Name	____ / ____ / ____	Date of Birth	Age	Race	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

Guardian Contact Info

Name	____ / ____ / ____	Date of Birth	M F U	Sex	Email Address
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Home Address	City	State	Zip	Cell Number
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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 _____