



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PARENT/ CHILD SWIM LESSONS

Youth Swim Program 2026

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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bristolymca.net



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

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PARENT/CHILD SWIM LESSON REGISTRATION 2026

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

Please circle the Session Dates:

Jan. 12 – Feb. 4	Feb. 16 – Mar. 11	Mar. 23 – Apr. 15
April 27 – May 20	June 1 – June 24	July 6 – July 29
Aug. 10 – Sept. 2	Sept. 14 – Oct. 7	Oct. 19 – Nov. 12

Payment is required at time of registration.

Participant Information (Race is for reporting purposes only)

_____	____/____/____	_____	_____	Sex
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	
_____	____/____/____	_____	_____	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 _____