the YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ask about our Float Loyalty Program

LITTLE FLOATERS

Infant & Toddler Survival Swim Program 2026

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

Registrations to be processed by David, Maura or Sarah only

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LITTLE FLOATERS SWIM LESSON REGISTRATION 2026

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

Please circle the Session Dates:

Jan. 12 – Feb. 6	Feb. 16 – Mar. 13	Mar. 23 – Apr. 17
April 27 – May 22	June 1 – June 26	July 6 – July 31
Aug. 10 – Sept. 4	Sept. 14 – Oct. 9	Oct. 19 – Nov. 13

Payment is required at time of registration.

Participant Information

(Race is for reporting purposes only)

				Sex
_____	____/____/____	_____	_____	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 _____

United Way of Bristol