



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Spring Swim Lessons Registration Form

Parent/Child: Water Discovery & Water Exploration (6-36 months)

Pre-School: Water Acclimation, Water Movement, & Water Stamina (3-5yrs)

School Age: Stroke Introduction, Stroke Development, Stroke Mechanics (6-12 yrs)

Teen/Adult Lessons (13+)

DOW WESTSIDE YMCA

REGISTRATION DATES & FEES

Session	Days	Start Date	End Date	Registration Deadline	Member Fee	Prog.Part Fee	Number of classes
1	M/W	April 2	April 25	March 29	75	125	8
	Saturday	April 7	April 28	March 29	40	65	4
2	M/W	May 7	May 30	April 26	75	125	8
	T/Th	May 8	May 31	April 26	75	125	8
	Saturday	May 5	May 26	April 26	40	65	4
Private Lessons	Varies	Varies	Varies	None	110	160	4
	Varies	Varies	Varies	None	200	250	8
	Varies	Varies	Varies	None	290	340	12

Weekdays:

Parent/Child: 6:45pm
 Pre-School: 5:00pm
 School-Age: 5:35pm
 Teen/Adult: 6:10pm

Saturdays:

Parent/Child: 9:50am
 Pre-School: 10:25am
 School-Age: 11:00am
 Teen/Adult: 9:15am

Classes may be combined to meet minimum requirements. Depending on participants beginning swimming ability, some adjustments may need to be made to maximize their learning. All swimming lessons are taught with skill progression and results vary depending on participants.



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PARTICIPANT INFORMATION

Participant's Name: _____

Birth date: _____ Age: _____ Gender: _____

Mailing address: _____

City: _____ State: _____ Postal Code: _____

Home phone: _____ E-mail: _____

Parent's name: _____ Parent's phone: _____

Parent's name: _____ Parent's phone: _____

Emergency contact: _____ Emergency contact phone: _____

I would like to sponsor a child/adult/family/senior to learn how to swim through the YMCA Annual Support Campaign for an additional

\$5 \$10 \$15 Other \$ ____

The YMCA of the Capital Area does not provide accident or medical insurance for program participants. I recognize that participation in YMCA sponsored activities may expose me or my child to the risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident to myself and/or to my child and I am unable to respond or be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself and/or my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of myself and/or my child for promotional purposes of the YMCA. Classes missed by participants will not be rescheduled. I have read and understand the above information and therefore grant myself and/or my child permission to participate in this YMCA Program in accordance with the conditions set forth above.

Signature of Parent/ Guardian

Date

Y is non-profit, community service organization, with a focus on strengthening the community through a program that builds a healthy spirit, mind, and body for all. We appreciate your participation at the Y!