



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

CONFIDENCE WITH EVERY STROKE

Summer Group Swimming Lessons PAULA G. MANSIP YMCA

Make a splash with youth, preschool and Parent/child swimming lessons at the Y! Swimming lessons offer children in our community the opportunity to gain confidence in the water, learn water safety, play games and grow through character development. Swimming lessons are taught by trained YMCA swimming lessons instructors.

- Youth swimming lessons are designed for children ages 6 & older.
- Preschool swimming lessons are for children ages 3 to 5 years.
- Parent/child swimming lessons are an introductory swim class for children 6 to 36 months.

WHEN: Session 1: May 29th—June 8th
Session 2: June 12th—22nd
Session 3: June 26th—July 7th
Session 4: July 10th—20th
Session 5: July 24th—August 3rd

PRICE: \$75 Members, \$105 Program Participants

TIME: Lessons will be held during scheduled time
Monday—Thursday

LOCATION: PAULA G. MANSIP YMCA
8100 YMCA Plaza Drive
Baton Rouge, LA 70810
225 767 9622, bbabin@ymcabr.org
www.ymcabr.org





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Summer Group Swimming Lessons at the Paula G. Manship YMCA

YMCA Member - \$75/ session

Program Participant - \$105/ session

- The lessons consist of 8(eight), 30(thirty) minute lessons for each session (if warranted, make-ups will take place on Fridays).
- Registration ends at 9:00pm the Thursday before the start of a session.
- In case of low enrollment (2 or less), classes may be combined or canceled.
- All payments must be made in advance at the Paula G. Manship YMCA.

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: _____

Choose a Session:

SESSION	DAYS OF THE WEEK	CLASS START DATE	CLASS END DATE	REGISTRATION DEADLINE	Y MEMBER FEE	PROGRAM PARTICIPANT FEE	NUMBER OF CLASSES
1	Monday - Thursday	May 29 th	June 8 th	May 25 th	\$75	\$105	8
2	Monday - Thursday	June 12 th	June 22 nd	June 6 th	\$75	\$105	8
3	Monday - Thursday	June 26 th	July 7 th	June 22 nd	\$75	\$105	8
4	Monday - Thursday	July 10 th	July 20 th	July 6 th	\$75	\$105	8
5	Monday - Thursday	July 24 th	August 3 rd	July 20 th	\$75	\$105	8

Choose your age group: Participant will be swim tested the first day of class to determine the skill level

Parent/Child (6 – 36 months)	Preschool (3 – 5years old)	Youth (6 – 12 years old)	Teen/ Adult (13 and over)
<input type="checkbox"/> 9:00am	<input type="checkbox"/> 9:00am	<input type="checkbox"/> 9:30am	<input type="checkbox"/> 10:30am
<input type="checkbox"/> 11:00am	<input type="checkbox"/> 10:00am	<input type="checkbox"/> 10:30am	<input type="checkbox"/> 4:30pm
<input type="checkbox"/> 5:00pm	<input type="checkbox"/> 11:00am	<input type="checkbox"/> 11:30am	<input type="checkbox"/> 6:30pm
	<input type="checkbox"/> 4:00pm	<input type="checkbox"/> 4:30pm	
	<input type="checkbox"/> 5:00pm	<input type="checkbox"/> 5:30pm	
	<input type="checkbox"/> 6:00pm	<input type="checkbox"/> 6:30pm	

I would like to sponsor a child/adult/family/senior 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 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. 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

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