



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Winter 2018

Swimming Lessons at AC Lewis YMCA

YMCA Member - \$70/ 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 Friday 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 AC Lewis 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 1: January 9th- February 1st

Session 2: February 6th - March 1st

Choose a Day:

Tuesday/Thursday

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

Parent/Child (6 – 36 months) <input type="checkbox"/> 3:30pm	Preschool (3 – 5years old) <input type="checkbox"/> 5:00pm	Youth (6 – 12 years old) <input type="checkbox"/> 6:00pm	Teen (13-17) <input type="checkbox"/> 5:30pm	Adult (18 & up) <input type="checkbox"/> 6:30pm
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Please answer the following questions so we can know your child's swimming skills.

Will your child go underwater?	No	Yes
Can your child float on his or her front and back?	No	Yes
Can your child swim above water on his or her own?	No	Yes

- 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!