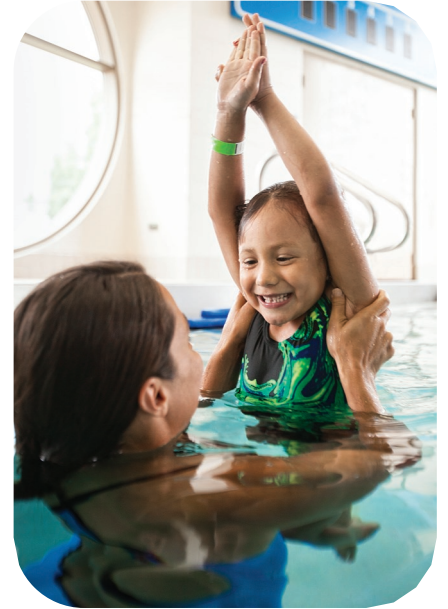




FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BE HAPPY IN YOUR OWN SHELL

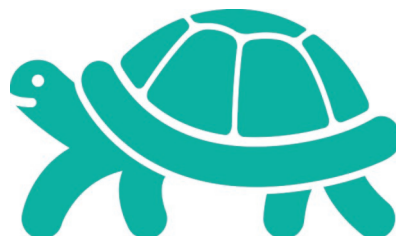


## Terrific Turtles Swimming Program C. B. PENNINGTON JR. YMCA & A. C. LEWIS YMCA

Each person is different and that's why we offer Terrific Turtles! Terrific Turtles is an adaptive swim lesson for participants with special needs. The pool is the perfect environment for a child to learn new skills, learn to relax, and build muscle and stamina, all while increasing self-esteem and confidence. Skills are taught based on each child's individual ability.

For more information and/or to sign up please contact the branch or visit [ymcabr.org](http://ymcabr.org).

A. C. Lewis YMCA  
350 South Foster Dr.  
Baton Rouge, La 70806  
(225)924-3606



C. B. Pennington Jr. YMCA  
15550 Old Hammond Pkwy.  
Baton Rouge, La 70816  
(225)272-9622



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## Terrific Turtles Swimming Program

YMCA Member- \$80.00

Program Participant- \$120.00

Participant's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

Check participant's swimming ability/level:

Beginner       Intermediate       Advanced

What are the participant's swimming goals: \_\_\_\_\_

Day(s) of the week which the participant is able to meet with an instructor:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

In signing this form, I understand that:

- **No-shows or cancellations received less than twenty-four (24) hours before scheduled appointment will be charged to the client**
- No refunds are given for missed/ unused private lessons
- **Lessons must be used within 6 months of purchased date.**
- The participant is expected to be punctual and understand that the instructor may have appointments immediately preceding or following their appointment. The instructor is not obligated to stay past the allotted time scheduled for the appointment.

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 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 and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for my child to an appropriate facility for treatment. As a YMCA participant, I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA. I have read and understand the above information. My child has permission to participate in the YMCA sponsored Youth Program

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date