



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Swimming Lessons Registration Form

**DOW WESTSIDE YMCA**

## REGISTRATION DATES & FEES

Session	Days	Start Date	End Date	Registration Deadline	Member Fee	Prog.Part Fee	Number of classes
1	M-Th	June 4	June 14	May 31	75	125	8
	Saturday	June 9	June 30	May 31	40	65	4
	Sunday	June 3	June 24	May 31	40	65	4
2	M-Th	June 18	June 28	June 14	75	125	8
	Saturday	July 7	July 28	July 5	40	65	4
	Sunday	July 8	July 29	July 5	40	65	4
3	M-Th	July 9	July 19	July 5	75	125	8
4	M-Th	July 23	August 2	July 19	75	125	8
5	M-Th	August 6	August 16	August 2	75	125	8
	Saturday	August 4	August 25	August 2	40	65	4
Private	TBD	TBD	TBD	TBD	110	160	4
Private	TBD	TBD	TBD	TBD	200	250	8
Private	TBD	TBD	TBD	TBD	290	340	12

**Ages: Adult/Teen (13+) Swim Starters: 6m-36m (Parent/Child)**  
**Swim Basics: Pre-school (3-5) Swim Stokes: School-age (6-12)**

### Weekday Lessons

#### Times Available:

Adult/Teen: 8:00AM, 7:00PM

Swim Starters: 9:35AM, 10:10AM, 5:50PM, 6:25PM

Swim Basics: 9:00AM, 9:35AM, 5:15PM, 5:50PM

Swim Stokes: 9:00AM, 10:10AM, 5:15PM, 6:25PM

Private: All lessons are scheduled based on instructor availability

### Saturday Lessons:

#### Times Available:

Adult/Teen: 9:00AM

Swim Starters: 10:45AM

Swim Basics: 9:35AM

Swim Stokes: 10:10AM

### Sunday Lessons:

#### Times Available:

Adult/Teen: 1:45PM

Swim Starters: 3:30PM

Swim Basics: 2:55PM

Swim Stokes: 2:20PM



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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: \_\_\_\_\_

Session: \_\_\_\_\_ Days: \_\_\_\_\_ Time: \_\_\_\_\_

**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. Lessons missed at fault by the participant will not be made-up or refunded. Lessons cancelled at fault of the YMCA will be made up. 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 \_\_\_\_\_  
\_\_\_\_\_