



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# STRONG SWIMMERS, CONFIDENT KIDS

## Swim Lessons A.C. LEWIS YMCA

Learning to swim is a valuable life lesson. Let us teach your child to swim! Lessons are offered to children and adults for the opportunity to gain confidence and learn skills that can be used throughout a lifetime. Each session is taught by a certified YMCA swim lesson instructor. All private lessons are scheduled according to the instructor's availability.

- Parent/Child Swimming Lessons are for ages 6-36 months.
- Preschool Swimming Lessons are for ages 3-5 years.
- Youth Swimming Lessons are for ages 6-12 years.
- Teen/Adult Swimming Lessons are for ages 13+ years.

**SUMMER:** Session 1: May 23-June 2

Session 2: June 6-16

Session 3: June 20-30

Session 4: July 5-15

Session 5: July 18-28

Session 6: August 1-11

**PRICE:** Member: \$60/Session Program Participant: \$105/Session

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



# REGISTRATION FORM

## 2016 Summer Swimming Lessons

YMCA Member- \$60/Session

Program Participant- \$105/Session

- Each session consists of 8– 30min. Lessons. (If warranted, make-ups will take place on Fridays.)
- Registration ends at 9:00pm on the Thursday before the start of the session
- In case of low enrollment (2 or less), classes may be combined or cancelled.
- All payments must be made in advance at A.C. Lewis YMCA.

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Previous Lessons: \_\_\_ Yes \_\_\_ No

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

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

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

<b>Choose a Session:</b>	
<input type="checkbox"/> Session 1: May 23-June 2	<input type="checkbox"/> Session 4: July 5-15
<input type="checkbox"/> Session 2: June 6-16	<input type="checkbox"/> Session 5: July 18-28
<input type="checkbox"/> Session 3: June 20-30	<input type="checkbox"/> Session 6: August 1-11

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

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

**Please answer the following questions:**

Will your child go underwater?  Yes  No

Can your child float on his/her front and back?  Yes  No

Can your child swim above water on his/her own?  Yes  No

**I would like to sponsor a child/ adult/ family/ senior through the YMCA Annual Community Support Campaign for an additional,**

\$5.00       \$10.00       \$15.00       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 a non-profit, community service organization, with a focus on strengthening the community through programs that build a healthy spirit, mind and body for all. We appreciate your participation at the Y!