



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SPRING 2018

Swimming Lessons at AC Lewis 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 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: _____

Session One-Choose a Day <input type="checkbox"/> Tuesday/Thursday March 6 th -29 th <input type="checkbox"/> Monday-Thursday March 12 th -22 nd	Session Two-Choose a Day: <input type="checkbox"/> Monday-Thursday April 23 rd -3 rd
---	--

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 – 5 years old)	Youth (6 – 12 years old)	Teen (13-17 years old)	Adult (18 & up)
<input type="checkbox"/> 3:30pm	<input type="checkbox"/> 5:00pm <i>Beginner's</i> <input type="checkbox"/> 5:00pm <i>Intermediate</i>	<input type="checkbox"/> 5:30pm <i>Beginner's</i> <input type="checkbox"/> 5:30pm <i>Intermediate</i>	<input type="checkbox"/> 6:00pm <i>Beginner's</i> <input type="checkbox"/> 6:00pm <i>Intermediate</i>	<input type="checkbox"/> 6:30pm <i>Beginner's</i> <input type="checkbox"/> 6:30pm <i>Intermediate</i>

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!