



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Fall Swim Lessons Registration Form

Swim Starters Water Discovery & Water Exploration (Parent & Child Lessons)

Swim Basics Water Acclimation, Water Movement, & Water Stamina (3-5yrs)

Swim Strokes Stroke Introduction, Stroke Development, Stroke Mechanics (6-12 yrs)

Adult Lessons (13+)

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	Aug 14	Aug 17	Aug 10	40	60	4
	M-Th	Aug 21	Aug 24	Aug 17	40	60	4
	M-Th	Aug 28	Aug 31	Aug 24	40	60	4
	Saturday	Aug 5	Aug 26	Aug 3	40	60	4
2	T/Th	Sept 5	Sept 28	Aug 31	75	105	8
	M/W/F	Sept 11	Sept 27	Sept 7	75	105	8
	Saturday	Sept 9	Sept 30	Sept 7	40	60	4
3	M-Th	Oct 2	Oct 5	Sept 28	40	60	4
	M-Th	Oct 9	Oct 12	Oct 5	40	60	4
	M-Th	Oct 16	Oct 19	Oct 12	40	60	4
	M-Th	Oct 23	Oct 26	Oct 19	40	60	4
	Saturday	Oct 7	Oct 28	Oct 5	40	60	4

Weekdays:

Swim Starters: 6:45pm

Swim Basics: 5:00pm

Swim Strokes: 5:35pm

Adult: 6:10pm

Saturdays:

Swim Starters: 9:50am

Swim Basics: 10:25am

Swim Strokes: 11:00am

Adult: 9:15am



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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: _____

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. Classes missed by participants will not be rescheduled. 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

Y is non-profit, community service organization, with a focus on strengthening the community through a program that builds a healthy spirit, mind, and body for all. We appreciate your participation at the Y!