



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Spring Group Teen/Adult Swim Lessons at AC Lewis YMCA

YMCA Member - \$80/ session

Program Participant - \$140/ session

- The lessons consist of 8(eight), 30(thirty) minute lessons for each session. Lessons are held Monday- Thursday (if warranted, make-ups will take place on Fridays **Makeups will only take place if lessons are cancelled due to weather**).
- Registration ends at 9:00pm the Thursday 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
- Teen and Adult Swim lessons are for people ages 13 years and older.

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 1: <input type="checkbox"/> March 4 th -27 th Mon and Wed 10:00am 7:00 pm	Session 2: <input type="checkbox"/> April 2 nd -25 th Tues and Thurs 10:00am 7:00 pm
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- 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!