



# COME INDOORS FOR WARMER TEMPERTURES

Southside's Pool is heated  
**SOUTHSIDE YMCA**

**WHEN:** Dec. 3, 2018 - Feb. 23, 2019

**TIME:** See registration form for info

**Location:** Southside YMCA

8482 Perkins Road  
Baton Rouge, LA 70810  
225- 766-2991  
[ymcabr.org](http://ymcabr.org)



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

### **Description of Lessons:**

**Swim Starters** (6months-3yrs) develops water enrichment and aquatic readiness in children ages six months to three years. This category focuses on developing swim readiness skills through fun and confidence-building experiences. Parents also learn how to supervise children in the water, how to prevent accidents and how to plan for emergencies.

**Water Acclimation** (3yrs-12yrs) In this beginning class, children develop comfort with being underwater and learn how to safely exit in the event of falling into a body of water.

**Water Movement** (3yrs-12yrs) In this class, children are taught skills that focus on buoyancy and movement in the water while also learning how to safely exit in the event of falling into a body of water.

**Water Stamina** (3yrs-12yrs) In this class, children focus on swimming longer distances. In the event of falling into a body of water, children learn how to swim to safety.

**Stroke Introduction** (5yrs-12yrs) In this class, children are introduced to basic swimming strokes.

**Adult Swim Lessons** (13 years and older) Teaches basic fundamentals of flotation and introduces swimming. Helps overcome the uneasiness sometimes felt by adults learning how to swim. Emphasizes on front crawl an elementary backstroke.

### **Observation:**

Parents can help our swim classes become safer by observing their child's class. However, we find that children concentrate better if the parent or guardian stays at least 5 or more feet from the edge of the pool. If you choose not to stay and observe, you must not leave campus during the time in case of an emergency or inclement weather. You may meet them in the pool area 5 minutes prior to the conclusion of the lesson. On the last day of the session we encourage parents to observe, this is "show off day."

### **Water Adjustment:**

Your child may be apprehensive about coming to swim class, especially the first day. Swimming lessons are new and different for children. We encourage you to use of positive reinforcement with your child. It may take a few days, but they will get better. Crying is a normal behavior for some children. Your positive support of their participation even when crying will help them get over their fears of lessons.

### **Class Time:**

Classes are 30 minutes. We find that this is the optimum time for learning new skills without losing the child's attention.

### **Weather:**

Cancellations and rescheduling of classes are not decided until no earlier than 30 minutes before class. Unless you confirm that class is canceled by talking to a staff member, please arrive as scheduled. If we have to cancel a class for weather or pool conditions, we have a plan for make up classes. You will be notified of the make up day and time. We try to do our best to complete all classes in a session; however, we may not have the time before the next session begins. In this situation a \$5 credit will be applied to your account for each class unable to be made up that can be used towards YMCA program.

### **Refunds and Transfers:**

All refunds, transfers or credits have to be approved by the Aquatics Department. Please complete a request for refund form at the member services desk. We look forward to a safe and fun session!!!

### **Optional:**

Goggles are helpful to have. Please do not bring face mask that cover the nose.



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YMCA OF THE CAPITAL AREA
SOUTHSIDE YMCA WINTER
SWIM LESSONS

PARTICIPANT CONTACT INFORMATION: (please print)

Name: \_\_\_\_\_ Gender: M/F Age: \_\_\_\_\_
Address: \_\_\_\_\_
Home Phone \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_
Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

YMCA Member - \$40 for 4 lesson session

Program Participant - \$65 for 4 lesson session (December)
\$70 for 4 lesson session (January and February)

Circle the dates and sessions you wish to sign up for:

- 4 sessions: Monday/Wednesday: December 3rd - December 12th; January 7th - January 16th; and February 4th - February 13th
Swim Starters : 4:30 pm - 5:00 pm,
Adult Swim Lessons: 5:15 pm - 5:45 pm
4 sessions: Tuesday/Thursday: December 4th - December 13th; January 8th - January 17th; and February 5th - February 14th
Water Acclimation, Water Movement & Water Stamina 5:00 pm-5:30 pm
Stroke Introduction: 5:45 pm - 6:15 pm
Adult Swim Lessons: 6:30 pm - 7:00 pm
4 sessions: Fridays: December 7th - December 28th; January 4th - January 25th; and February 1st - February 22nd
Swim Starters : 4:15 pm - 4:45 pm
Water Acclimation, Water Movement & Water Stamina 5:15 pm-5:45 pm
Stroke Introduction: 6:00 pm - 6:30pm
4 sessions: Saturdays: December 8th - December 29th; January 5th - January 26th; and February 2nd - February 23rd
Swim Starters : 8:00 am - 8:30 am
Adult Swim Lessons: 8:45 am - 9:15 am
Water Acclimation, Water Movement & Water Stamina 10:30 am-11:00 am
Stroke Introduction: 11:15 am - 11:45 am

Please complete a separate registration form per child per session. NO MAIL IN REGISTRATIONS WILL BE ACCEPTED! Refunds are available minus a \$10 processing fee. A written request is required for all refunds. There is a \$25 charge on all returned checks. 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 myself 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: \_\_\_\_\_