



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# GOOD CLEAN FUN



## Home School Swim PAULA G. MANSHIP YMCA

In this class, children focus on swimming for physical fitness. Each session will focus on strength and conditioning while also working on skill development and endurance.

**PREREQUISITES:** All new registrations for August 2019 must be able to pass the green band swim test

Ages five - 18

Our trained staff of coaches work to improve a swimmer's skill level and endurance while promoting a healthy lifestyle. The YMCA Home School program embraces the Y's core values and promotes teamwork and fun.

- \$10 a month for any child on an Household membership (pay at the front desk)
- \$20 a month for any child with Youth membership
- \$40 a month for program members.

**WHEN:** August - November 2019  
**TIME:** Mondays and Wednesdays, 1 p.m. to 2 p.m.  
**LOCATION:** PAULA G. MANSHIP YMCA  
8100 YMCA Plaza Dr.  
Baton Rouge, LA 70810  
Contact: Tracy Yoes @ 225.767.9622  
ymcabr.org



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**PARTICIPANT INFORMATION:**

*Parent/Guardian's Name:* \_\_\_\_\_

Parent/Guardian DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Participant's Name:* \_\_\_\_\_

Gender: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

***Parents/Guardians must stay on the Paula G. Manship YMCA's campus while child attends class. Only the people listed below will be responsible for my child if I cannot stay on campus. This person must sign in and out each time.***

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_ Cell number: \_\_\_\_\_

Name: \_\_\_\_\_ relationship to child: \_\_\_\_\_ Cell number: \_\_\_\_\_

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.

All practices, are sixty (60) minutes per lesson. All payments must be paid in full prior to the registration deadline. Participants may be removed from sessions due to non-payment. In case of low enrollment (3 or less), classes may be rescheduled, combined, or cancelled. In the event lessons are cancelled at the discretion of the facility, every effort will be made to make-up missed lessons. If lessons cannot be made-up, a refund will be granted for the unused portion of the session. In the event lessons are missed by the participant, including make-ups, the lessons will be considered forfeited by the participant/parent/guardian and ineligible for a refund.

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 Participant/Parent/Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_