

# Y SWIM LESSONS <sup>TM</sup>

Name of Participant: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

YMCA Member: No Yes # \_\_\_\_\_ E-Mail: \_\_\_\_\_

## CLASS DESCRIPTIONS:

SESSION: 1 2 3 4A 4B 5 6

### Parent Tot Program - 6 mo - 3 yrs old

(Parent participation is required)

- L1 (Shrimp) – no experience needed
- L2 (Kipper) – submerges underwater
- L2 (Inia) – holds breath 3 seconds
- L4 (Perch) – free swim 5 seconds

### SCHOOL AGE – 6 yrs old & up

(Parent supervision encouraged)

- School Age Intro – not independent or comfortable in the water
- School Age Intermediate – comfortable in the water & swims at least 5 yards
- School Age Swimmer- swims 25 yards freestyle and/or backstroke

### CLASS TIME DESIRED:

\_\_\_\_\_

### ALTERNATE TIME DESIRED:

\_\_\_\_\_ We will contact you if we are unable to meet your first request.

### Preschool - 3 yrs old – 5 yrs old

(Parent supervision is required)

- Preschool Intro – not independent or comfortable in the water
- Preschool Intermediate - comfortable in the water & swims at least 5 yards
- Preschool Swimmer –swims 25 yards freestyle with face in the water

### SWIM CLUB – 6 yrs old & up

(Instructor placement only)

- Swim Club – stroke refinement
- Advanced Swim Club – swim team conditioning
- Teen and Adult Lessons

## RELEASE, WAIVER AND INDEMNITY AGREEMENT

I understand that the YMCA assumes no responsibility for injuries or illness that I may sustain as a result of my physical condition or resulting from my participation in any YMCA activity. I hereby (and on behalf of my children) release, discharge and agree not to sue the YMCA, its employees, officers, or directors for any and all claims for injury, illness, death, loss or damage that I may suffer as a result of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses must be paid by my insurance or available benefit plan of mine or my spouse. **I have read and understand this Release, Waiver and Indemnity Agreement.**

\_\_\_\_\_ If you cancel from a program, then only a prorated credit will be issued. If dismissed from the Y, then no refunds will be given.

\_\_\_\_\_ Parent/ Guardian supervision is required of all swim lesson participants under the age of 6.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE: Date \_\_\_\_\_ Amt. Pd.\$ \_\_\_\_\_ Ck.# \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_

F/A \_\_\_\_\_ Staff \_\_\_\_\_ Data Entry \_\_\_\_\_