

# Y SWIM LESSONS™

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

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

Parent/Guardian Name(s) \_\_\_\_\_

Parent/Guardian Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

YMCA Member: No Yes # \_\_\_\_\_

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

(Parent participation is required)

- L1 (Shrimp) – no experience needed
- L2 (Kipper) – submerges underwater
- L3 (Inia) – holds breath 3 seconds
- L4 (Perch) – free swim 5 seconds

### SCHOOL AGE – 6 yrs old & up

Not independent or comfortable in water

- School Age Intro – not independent and not comfortable in the water
- School Age Swimmer – swim 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

- Preschool Intro – not independent and not comfortable in the water
- Preschool Swimmer – freestyle with face in the water

### SWIM CLUB – 6 yrs old & up

- Swim Club – stroke refinement
- Advanced Swim Club
- Teen and Adult Lessons

Session: 1 2 3 4a 4b 5 6

## 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. I give permission to the medical service provider 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 me or my insurance.

I hereby agree for myself, my child, our respective heirs, assigns and legal representatives, to release, indemnify, and hold the YMCA and its officers, directors, board members, employees, volunteers and agents (“releasees”) harmless from any and all claims and causes of action of any nature, whether caused by the alleged negligence of the releasees or otherwise, which I or my child may now or hereafter have against the releasees which may at any time arise as a result of any act or thing occurring in or arising out of my or my child’s participation. **I have read and understand this waiver.**

\_\_\_\_ 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 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE

Date \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Credit \_\_\_\_\_ F/A \$ \_\_\_\_\_

Staff \_\_\_\_\_ Data Entry \_\_\_\_\_