



# SWIM LESSON REGISTRATION FORM

## City of Palacios YMCA Programs

### PARTICIPANT INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
 Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### CLASS/SESSION SELECTION

Please check  the AGE GROUP and WEEK for the class you wish your child to participate in:

<b>GROUP LESSONS</b> (50 minutes)	
\$65	
Week long sessions - Monday thru Friday. Morning Classes 9:00 - 9:50 am All skill levels taught during each session. <i>Limit 8 students per time slot</i>	
<input type="checkbox"/> <b>Tiny Tots (3-5 years)</b>  Designed for kids to learn the basic swimming skills and improve stroke development. Class will work on being comfortable in the water on their own, kicking, front and back floating, breath control and progressive paddle stroke.	<b>All class times 9:00-9:50 am</b>  <input type="checkbox"/> June 12-16  <input type="checkbox"/> June 19-23
<input type="checkbox"/> <b>Polliwog (6 and up)</b>  Class will work on floating, kicking, independent swimming and comfort in the water. Front glide, back glide, front crawl, side stroke and back stroke.	
<input type="checkbox"/> <b>Guppy/Minnow (Advanced)</b>  Class will build on basic skills learned in Polliwog. Will strengthen front crawl, back stroke and will learn breast stroke.	

- **\*\*NO REFUNDS GIVEN AFTER FIRST CLASS OF SESSION\*\***
- Participants must abide by the Calhoun County YMCA code of conduct. The YMCA has the right to eliminate a participant for misconduct.

Permission for Enrollment and Release of the Calhoun County YMCA from Liability: I give my child permission to participate in Calhoun County YMCA Aquatic Program. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for the Calhoun County YMCA allowing my child to participate in YMCA Aquatic Program, I understand and expressly acknowledge that I release the Calhoun County YMCA and its staff from all liability for any injury, loss, or damage connected in any way whatsoever to participate in YMCA activities whether on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the Calhoun County YMCA, its staff, directors, members and guests. I have read and voluntarily agree to this authorization and release.

Authorization of Emergency Medical Treatment: If my child should become ill or injured during a YMCA activity and the YMCA is unable to reach me, the YMCA is authorized to arrange for immediate emergency treatment necessary to ensure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/Video Release: I grant permission to the Calhoun YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

I have read and understand the above information above. My child has permission to participate in the YMCA Aquatic Program with the conditions set forth.

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

Receipt #: \_\_\_\_\_ Date Paid: \_\_\_\_\_ Member I.D.: \_\_\_\_\_ Staff Name: \_\_\_\_\_