

# the Group Swim Lessons

**For:** Children 3- 11 years old

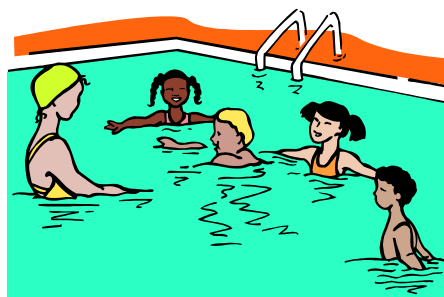
**Dates:** May 22, 2012- June 14, 2012

**Class Day/ Time:** Tuesday & Thursday evenings- 5:30-6 & 6:10-6:40 PM

**Location:** Preston Foundation Warm Water Therapy Pool

**Cost:** \$30- Y Members, \$45- Non- Members (Assistance available for low income families at the service desk)

- ☆ Children are grouped with similar ages and abilities if there are at least 3 swimmers for the skill level.
- ☆ If there are fewer than 3 swimmers in any level, the swimmer will be placed in the next age appropriate level or the parent can ask for a full refund after the 1<sup>st</sup> lesson.
- ☆ Swimmers who can swim 25m Freestyle are encouraged to try our swim team, the Henderson Splash.
- ☆ The instructor to student ratio is no more than 1:5.
- ☆ Parents must register their child prior to the start of the session.
- ☆ Registration is accepted on a first come, first serve basis and classes fill up quickly. There will be no refunds after the session begins.
- ☆ After the first lesson, parents will be asked to view swim lessons off the pool deck in a meeting room with closed circuit television access or use the facility to exercise, this is for the benefit of your child. Lifeguards and Aquatic Supervisors will remain on deck throughout the lessons.



For more information contact the Aquatics Director, Tom Kitchens, 827-9622

Visit our website: [www.hcfymca.com](http://www.hcfymca.com)

Please register by Oct24,2011

# Group Swim Lesson Registration

Account # 02205

Amount Paid \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male / Female

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Circle One: Member Non-Member

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (day) \_\_\_\_\_

Phone Number (evening) \_\_\_\_\_

\*Please circle your preferred time: 5:30-6PM 6:10-6:40PM \*

My child is able to (check all that apply)

Blow bubbles       submerge head       submerge body       float on front

Float on back       turn over- front to back       tread water       no experience

Other Swimming Skills: \_\_\_\_\_

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## Waiver/ Release/ Permission Agreement

As the parent/ guardian of a child participant, I hereby release and hold harmless the YMCA, its employees and the volunteers from any and all such claims or actions as a result of any injury from my child or self direct or indirect participation in this program.

Parent/ Guardian Name (please print) \_\_\_\_\_

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

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