

YOUTH LESSONS YAQUATICS™

We build strong kids, strong families, strong communities.

Fall I 2010—September 7 – October 30

Participants Name: _____ Age: _____ Date of Birth: _____

Mailing Address: _____ City: _____

State: _____ Zip: _____ Home Phone: _____ Email: _____

Parent/Guardian Name: _____ Cell #: _____

Emergency Contact: _____ Phone: _____

Members: \$36.00 Non-Members: \$72.00

*Pro-rated for classes missed due to Labor Day

Members: \$32.00 Non-Members: \$64.00

Polliwog For children 6 years or older who are new to swim lessons and/or nervous in the water	5:50 – 6:35 pm	Mon.*	Minnow For children 6 years or older who can swim 40 ft of each of the five strokes	5:35 – 6:20 pm	Tues.
	6:10 – 6:55 pm	Tues.		5:35 – 6:20 pm	Thurs.
	6:25 – 7:10 pm	Thurs.		8:30 – 9:15 am	Sat.
	8:30 – 9:15 am	Sat.			
Guppy For children 6 years or older who can swim 20 ft on their front, back and side	5:00 – 5:45 pm	Mon.*	Fish For children 6 years or older who can swim 25 yds of each of the five strokes	6:25 – 7:10 pm	Tues.
	5:15 – 6:00 pm.	Tues		6:15 – 7:00 pm	Thurs.
	5:35 – 6:20 pm	Thurs.		10:10 – 10:55 am	Sat.
	6:25 – 7:10 pm	Thurs.			
	9:20 – 10:05am	Sat.			
			Flying Fish	5:40 – 6:25 pm	Tues.
				9:55 – 10:40 am	Sat.
					For children 6 years or older who can swim 50 yds of each of the five strokes

Geneva Tidalwave

For those children desiring to learn more refined stroke techniques and the basics of competitive starts and turns.

Introduction to Tidalwave: Monday 6:30-7:30 _____

MONDAYS: Member: \$50.00/Non-member: \$80.00

NO MAKE UPS!

_____ I will be in the YMCA building during my child's class.

_____ I will not be in the building during my child's class.

AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in this youth swim program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and emergency contact cannot be reached.

The YMCA is not responsible for any medical costs that result from participating in athletic activities.

Signature of Parent or Guardian _____ Date _____