



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Family Swim Lessons

Four Swim Lessons: YMCA Member- **\$99** Program Participant - **\$126**

**Four (4) classes that last forty-five (45) minutes**

**Price includes 4 participants. Additional \$20 per person**

Note: Participant must be a member to receive member rate.

Guardian's Name: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Additional family members (\$20/person):

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Family Member: \_\_\_\_\_ Age: \_\_\_\_\_

Please complete a separate registration form per child per session.

NO MAIL IN REGISTRATIONS WILL BE ACCEPTED!

There is a \$25 charge on all returned checks.

The YMCA does not provide accidental/ medical insurance for program participants. I grant the YMCA or its agents permission to transport my child in the event of an emergency and I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to property or injury, which may occur through participation in any activity at the YMCA or in its programs.

The YMCA reserves the right to use photographs taken of program participants and their family for marketing and publicity.

I have read and understand the above information. My child has permission to participate in this YMCA program

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