



Swim Lessons/Water Safety

Spring Session I

March 5th – April 14th 6 week session

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Fees: Members-\$30 Nonmembers-\$60

Class Times:

Monday: 5:45—6:15 PM

Tuesday: 4:00—4:30 PM

Wednesday: 10:00—10:30 AM or 5:45—6:15 PM

Saturday: 9:00—9:30 AM or 9:35—10:05 PM

Days Classes Are Offered:

Water Acclimation: Monday, or Wednesday @ 10:00 or @ 5:45, or Saturday @ 9:00

Water Movement: Tuesday, or Wednesday @ 10:00 or 5:45, or Saturday @ 9:35

Water Stamina: Monday, or Tuesday, or Wednesday @ 5:45, or Saturday @ 9:00

Stroke Introduction: Tuesday, or Wednesday @ 5:45, or Saturday @ 9:35

Stroke Development: Monday, or Tuesday, or Saturday @ 9:00

Will the student go underwater voluntarily?	NO =	1/WATER ACCLIMATION
Can the student do a front and back float on his or her own?	NO =	2/WATER MOVEMENT
Can the student swim 10-15 yards on his or her front and back?	NO =	3/WATER STAMINA
Can the student swim 15 yards of front and back crawl?	NO =	4/STROKE INTRODUCTION
Can the student swim front crawl, back crawl, and breaststroke across the pool?	NO =	5/STROKE DEVELOPMENT

Classes meet once a week for six weeks. Choose whichever class day/time works best for you!

Contact Hannah Elliott with any questions at helliott@beatriceymca.org or 402-223-5266

Swimming Lessons Spring I 2018

Class you are registering for? _____ Time: _____ Day: _____

Participants Name: _____ Gender: _____ Age Today: _____ DOB: _____ Grade: _____

Email Contact for Family: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1 Name: _____ Best phone number to be reached: _____

Parent/Guardian 2 Name: _____ Best phone number to be reached: _____

PARTICIPATION RELEASE & REFUND UNDERSTANDING (must read)

I release the Beatrice Mary Family YMCA, its staff & volunteers from all claims of injury which may be sustained by above child while participating in any YMCA-sponsored activity, whether caused by the negligence of the YMCA or otherwise. If medical attention is required, I give my permission for such medical care. I also agree to follow the Beatrice Mary Family YMCA sportsmanship standards and guidelines. By signing below, I give the YMCA permission to use photographs or videos of the above named participant for promotional materials. Refunded checks will be charged \$25.00

I understand that refunds will be made only for the full class session registrations canceled by the YMCA. The YMCA reserves the right to cancel programs with insufficient registration. Programs may be cancelled due to inclement weather. I also understand that class session registration canceled by the registrant, more than 1 week prior to the starting date of a session or the day of the program, whichever is earlier, may be issued credit vouchers good for purchasing Beatrice Family YMCA services or merchandise within one year of the date of issue. No Credit.

Parent/Guardian Signature Date

If signing up via US Mail, please include CC Info:

CC #: _____

CVC: _____ Exp Date: _____



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FOR OFFICE USE ONLY

Program Fee: _____

Date: _____ Amt Due: _____

Payment Method: [] CC [] Check [] Cash

Staff Name: _____