



OFFICE USE ONLY	
Receipt #	_____
Amount Paid \$	_____
Date	_____ Staff Initials _____

Participants Name: _____ Male / Female

Date of Birth: Month _____ Day _____ Year _____ Age: _____

Ethnicity: White/Caucasian Black/African American Hispanic Asian Mixed Other: _____

Address: _____ City: _____ Zip: _____

Parents Name(s): _____

Home Phone: _____ Work Phone: _____ Email: _____

Emergency Contact Information (must be someone other than parents/guardians)

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

Fee All Programs: \$55.00 Member \$75.00 Non-Member

NOTE: When a child is enrolled in SwimAmerica, they are given 10 lessons at their chosen time slot. Attendance will be taken each evening and the individual will be notified when they have completed their 9th lesson. They will then be responsible for renewing their enrollment in SwimAmerica. Upon renewal, they may switch to a different time slot if needed.

Please Circle Your Class/Time!

Parent-Child Class (6 months-36 months): 30 Minute Class

Tuesday 9:45am

Pre-School Classes (36 months – 4 yrs: MUST BE POTTY TRAINED): 30 Minute Classes

Tuesday & Thursday 9:15am

Friday 5:00pm

SwimAmerica School (5yrs and older): 30 Minute Classes

Monday and Friday 5:30pm 6:00pm 6:30pm

SwimAmerica Adult Swim Lessons: 60 Minute Classes

Tuesday 11:00a-12:00p

Please complete the following questionnaire. You may stop the questionnaire after the first NO answer.

- | | | |
|--|-----|----|
| 1. Can your child go under without holding his or her nose and blow bubbles? | YES | NO |
| 2. Can your child float on his or her stomach for a period of 5 seconds or longer? | YES | NO |
| 3. Can your child float on his or her back for a period of 5 seconds or longer? | YES | NO |
| 4. Can your child swim freestyle 15 feet with their head in the water? | YES | NO |
| 5. Can your child swim Backstroke 15 feet remaining on their back? | YES | NO |
| 6. Can your child swim 25 yards freestyle and backstroke? | YES | NO |

Waiver of Liability

I hereby certify that my child is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO / DO NOT) (circle one) give permission to have my children(s) picture appear in any media type coverage approved by the Tri-County YMCA.

Parent/Guardian Signature: _____ Date: _____