



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIM LESSON REGISTRATION

Participant Status: Y Member _____ Program Participant _____

Name _____ DOB _____

Male/Female (circle one) Age _____

Address _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact _____ Phone _____

Please circle the level and time for which you will be registering this session.

Parent/Child	6 months-3 years	T/Th @ 5pm			
Pre-K Level 1 OR 2	Learning to put head under water and float	T/Th @ 5pm			
Pre-K Level 3 OR 4	Able to swim 10 yards unassisted	T/Th @ 5pm			
Youth Level 1	Learning to put head under water	T/Th @ 530pm			
Youth Level 2	Learning to float	T/Th @ 530pm			
Youth Level 3 OR 4	Mastering 10 yards unassisted	T/Th @ 530pm			
Youth Level 5 OR 6	Gaining endurance and technical strokes	T/Th @ 530pm			
Adult	All levels from beginner to advanced	T/Th @ 615pm			

Consent for Medical Treatment:

As the parent or legal guardian of the above named participant, I hereby give my consent for emergency medical care prescribed by a duly licensed physician. The care may be provided under whatever conditions necessary to preserve the well-being of my participant.

Parent/Legal Guardian Signature: _____