



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## Swim Lesson Registration

Participant Status: Y Member \_\_\_\_ Program Member \_\_\_\_

<b>Participant Information</b>	
Name _____	Male/Female (Circle One)
Age _____	DOB _____
Address _____	
City/State/Zip _____	
Home Phone _____	Cell Phone _____
Email _____	
Emergency Contact Person _____	
Emergency Contact Phone _____	

**Please circle the level and time for which your child will be registering for this session.**

<b>Parent/Child</b>	6 months-3 years	Tuesdays/Thursdays @ 5:30pm
<b>Pre-K Level 1 or 2</b>	Learning to put head under water and float	Tuesdays/Thursdays @ 5:30pm
<b>Pre-K Level 3 or 4</b>	Able to swim 10 yards unassisted	Tuesdays/Thursdays @ 5:30pm
<b>Youth Level 1</b>	Learning to put head under water	Tuesdays/Thursdays @ 6pm
<b>Youth Level 2</b>	Learning to float	Tuesdays/Thursdays @ 6pm
<b>Youth Level 3 or 4</b>	Mastering 10 yards unassisted	Tuesdays/Thursdays @ 6pm
<b>Youth Level 5 or 6</b>	Gaining endurance and technical strokes	Tuesdays/Thursdays @ 6pm
<b>Adult</b>	All levels from beginner to advanced	Tuesdays/Thursdays @ 6:45pm

**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 \_\_\_\_\_