



SWIM LESSON REGISTRATION FORM

HUTTO FAMILY YMCA

4

SESSION 4
Apr. 6 – May 2, 2020

	CLASS DAYS	Y MEMBER REG.	NON-MEM. REG.	START DATE	END DATE	Y MEMBER FEE	NON-MEM. FEE	NO. OF CLASSES
4 20A04	Mon/Wed	Dec. 26 – Apr. 3	Jan. 2 – Apr. 3	Apr. 6	Apr. 29	\$57	\$79	8
	Tues/Thur	Dec. 26 – Apr. 3	Jan. 2 – Apr. 3	Apr. 7	Apr. 30	\$57	\$79	8
	Sat	Dec. 26 – Apr. 3	Jan. 2 – Apr. 3	Apr. 11	May 2	\$32	\$43	4

	STAGES							
	Swim Starters		Swim Basics			Swim Strokes		
	WATER DISCOVERY	WATER EXPLORATION	WATER ACCLIMATION	WATER MOVEMENT	WATER STAMINA	STROKE INTRODUCTION	STROKE DEVELOPMENT	JUNIOR WAVES
	A	B	1	2	3	4	5	6
Infant & Toddler 6 mos.-3 yrs	C*	C*						
Preschool 3 – 5 yrs.			P	P	P	P		
School Age 5 – 12 yrs.			Y	Y	Y	Y	Y	Y

		MONDAY & WEDNESDAYS							
		A	B	1	2	3	4	5	6
04M	4:30-5pm			<input type="checkbox"/> P					
05M	5:15-5:45pm			<input type="checkbox"/> Y					
06M	6-6:30pm						<input type="checkbox"/> Y		
07M	6:45-7:15pm			<input type="checkbox"/> Y					

		TUESDAYS & THURSDAYS							
		A	B	1	2	3	4	5	6
01T	9-9:30am	<input type="checkbox"/> C							
02T	9:45-10:15am			<input type="checkbox"/> P					
03T	10:30-11am								
04T	4:30-5pm			<input type="checkbox"/> P					
05T	5:15-5:45pm			<input type="checkbox"/> Y					
06T	6-6:30pm			<input type="checkbox"/> P					
07T	6:45-7:15pm						<input type="checkbox"/> Y		

		SATURDAYS							
		A	B	1	2	3	4	5	6
01S	8:30-9am			<input type="checkbox"/> P					
02S	9:15-9:45am			<input type="checkbox"/> Y			<input type="checkbox"/> P		
03S	10-10:30am	<input type="checkbox"/> C					<input type="checkbox"/> Y		
04S	10:45-11:15am			<input type="checkbox"/> P					
05S	11:30-12pm			<input type="checkbox"/> Y					

Y STAFF ONLY Session 4 (20A04) Class: _____ Days: _____ Time: _____ Paid: _____ Staff Initials: _____

Participant Information

Participant Name _____ Gender _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____

Main Phone to call (if on waitlist this number is the one we will call) _____

Email _____

Emergency Contact Name _____

Home Phone _____ Cell _____

Medical Concerns (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

Parent / Guardian Acknowledgements

please INITIAL all lines to indicate received written policies / materials and agree to terms.

_____ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that I and/or my child require emergency treatment and our emergency contact cannot be reached, I hereby authorize the Y to make arrangements to transport me and/or my child to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if, in fact I and/or my child require the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to me and/or my child in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of me and/or my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted with the aquatics department unless a physician's note is submitted stating the inability to complete the class. Classes canceled due to inclement weather, holidays, illness or unforeseeable circumstances will not be rescheduled or refunded. Of note, there will be a \$10 fee for all cancellations or transfers submitted prior to two (2) weeks from the lesson start date. Once the two (2) week deadline prior to the lesson start date passes, no refunds will be made, so please make sure that your time and dates work for you.

_____ **Additional Notes (REQUIRED):** Non-potty trained children must wear a swim diaper and swim liner (which can be purchased at our Member Services Desk) while in the pool at all times. Financial as available for all those who qualify. For any questions or concerns, please contact the Hutto Family YMCA Aquatics Director at 512-642-9444.

Participant (if 18 years) and/or

X _____
signature of parent / guardian date