



SWIM LESSON REGISTRATION FORM

CHASCO FAMILY YMCA - MORNING Classes

SESSION 1M
Jan 13 - Feb 5

	CLASS DAYS	Y MEMBER REG.	NON-MEM. REG.	START DATE	END DATE	Y MEMBER FEE	NON-MEM. FEE	NO. OF CLASSES
1M 20A01	Mon/Wed	Nov 18 - Jan 9	Nov 18 - Jan 9	January 13	February 5	\$57	\$79	8

	STAGES							
	Swim Starters (*parent&child)		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.			PS	PS	PS	PS		
School Age 5 - 12 yrs.			Y	Y	Y	Y	Y	Try Out Only
Teen & Adult 12+			TA	TA	TA	TA	TA	Try Out Only

MONDAY & WEDNESDAY MORNINGS (JAN 13 - FEB 5)								
9:15 - 9:45			<input type="checkbox"/> PS 02M01					
9:55 - 10:25					<input type="checkbox"/> PS 02M02			

Y STAFF ONLY

Session 1(20A01)Class: _____ Days: _____ Time: _____ PSaid: _____ 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 Acknowledgments

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

_____ **Policies Waiver (REQUIRED):** I have received a copy of the swim lessons descriptions and aquatics policies regarding swim lessons. I am clear about the policies stated.

_____ **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 my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ **Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any photos or videos taken of my child involved in Y programs to be used for Y promotions, trainings 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 while in the pool at all times. Financial assistance is available for all those who qualify. For any questions or concerns, please contact the CHASCO Family YMCA Aquatics Director at 512-615-5582.

Participant (if 18 years) and/or

X _____
signature of parent / guardian date