



SWIM LESSON REGISTRATION FORM

Pool at Veterans Park in Rockdale, Texas

1

Registration

Opens:

May 1st

Class Days	Start Date	End Date	Y Member Fee	Community Member Fee	# of Classes
Tues. - Fri.	June 3rd	June 13th	\$75	\$105	8

Levels

Swim Starter Parent & Child		Swim Basics Skills for safety around water			Swim Stroke Skills to support a healthy lifestyle		
Water Discovery	Water Exploration	Water Acclimation	Water Movement	Water Stamina	Stroke Introduction	Stroke Development	Stroke Mechanics
A	B	1	2	3	4	5	6

Age Groups

Infant/Toddler (6 mos-3 yrs)	<u>P/C</u>	Levels: A&B
Preschool (3-5 yrs)	<u>PS</u>	Levels: 1-4
School Age (5-12 yrs)	<u>SA</u>	Levels: 1-6
Adult/Teen (13 yrs & Up)	<u>A/T</u>	Levels: Basics & Advanced

Tuesday - Friday Evenings

4pm	4:35pm	5:10pm
<input type="checkbox"/> PS 1	<input type="checkbox"/> PS 2	<input type="checkbox"/> PS 3
<input type="checkbox"/> SA 1	<input type="checkbox"/> SA 2	<input type="checkbox"/> SA 3

If you are unsure of what class your child should be in,
please use this QR code to take our swim assessment:



Y STAFF ONLY

Session 1 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, 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.

_____ **ADA Policy (REQUIRED):** The YMCA of Central Texas does not discriminate on the basis of disability and will make reasonable accommodations/modifications in its policies, practices and procedures to accommodate a disability unless the accommodations/modifications would fundamentally alter the nature of the YMCA's programs or activities, would create an undue burden or hardship on the YMCA, or would pose a direct threat to the health and safety of themselves or others that cannot be eliminated by reasonable accommodations and modifications. In order to best meet your child's needs, we require that you list any special care that the child requires including: Any reasonable accommodations or modifications; any adaptive equipment provided for the child, and instructions for its use; and symptoms or indications of potential complications related to a physical, cognitive, or mental condition that may warrant prevention or intervention while the child is in care.
Food Allergies and emergency plan: _____

_____ **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 my child involved in Y programs. I understand that these may be shared with others participating in the program, as well as used in Y promotions, training and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted within the aquatics department unless a physicians 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 up to two (2) weeks before 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 the time and dates work for you.**

_____ **Additional Notes (REQUIRED):** The Y reserves the right to cancel this lesson due to unforeseen circumstances. Classes will be rescheduled if needed. All non-potty trained children must wear a swim diaper and swim liner, which can be purchased at the Member Services Desk. Financial assistance is available for all those who qualify. For any questions or concerns, please contact the Hutto Family YMCA at (512) 846-2360.

By signing below, I agree that I have read and understand all of the above information as it relates to Hutto Family YMCA aquatics programs.

X Participant Signature: _____ Date _____