



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 2017 Group Swim Lessons

Please circle desired class:



Day	Parent/Child Ages 3-36 months	Pike Ages 3-5 No Experience	Eel Ages 3-5 Some Experience	Polliwog Ages 6-12 No Experience	Guppy Ages 6-12 Some Experience	Adult Ages 16+ Or 12+ w/ experience
Saturday	11:00-11:30am 11:30-12:00pm					1:30-2:00pm 1:00-1:30pm
Monday		4:00-4:30pm 4:30-5:00pm				
Tuesday				4:00-4:30pm 4:30-5:00pm		
Wednesday			4:00-4:30pm 4:30-5:00pm			
Thursday					4:00-4:30pm 4:30-5:00pm	

## Registration Information

**Fees: Member \$45 Non-Member \$65**

Participant's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zipcode \_\_\_\_\_

Primary Phone \_\_\_\_\_ Email \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**If participant is under 18:**

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Any other family that will be bringing your child:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_



**Class Format:**

- Each session consists of five 30 minute lessons
- Each session runs for five weeks

**Make-Up Policy:**

All classes cancelled due to weather or pool closure will be guaranteed a makeup session, unless extreme weather circumstances.

**Fees:**

FINANCIAL AID IS AVAILABLE

Member \$45

Non-Member \$65

Payment should be made at least 1 week prior to desired start of swim lessons

Refunds will only be given at the Aquatic Coordinator’s discretion. Classes that are cancelled will be subject to a make-up class the following week. If unable to attend the registered session, a program fee credit to other programs will be awarded if cancellation is given one week prior to the first day of class. Refunds will only be honored if a written doctor’s excuse is submitted within 24 hours of class meeting. Refunds are subject to a prorated balance for class attendance.

**Agreement:**

I hereby confirm that the participant listed above is in normal health and capable of safe participation in this aquatic program. I hereby authorize the Reading YMCA to obtain medical treatment for the participant listed above in the event that a parent and the emergency contact cannot be reached. I support the Reading YMCA, which is based on participation, having fun, physical fitness and health, skill development, teamwork, fair play, family involvement, and character development which are caring, honesty, respect, and responsibility.

I understand that the program fee must be paid and turned in with the registration form before the deadline to be able to participate. The fee is non-refundable if the participant listed above is unable to attend. I am also aware of the refund policy stated forth by the Reading YMCA.

\_\_\_\_\_  
Participant or Guardian’s Signature

\_\_\_\_\_  
Date

**YMCA RELEASE AND WAIVER OF LIABILITY**

You have registered your child for a YMCA program that involves physical activity and completion of this form is required. This document is a release of claims, and by signing it you do the following. Acknowledge that when performing any physical component of this program your child may suffer injury. Represent to the YMCA that your child is in good health and physical condition, sufficient to engage in such activities and that your child is not suffering from any condition that would prevent your child from engaging in such activities or that make your child’s participation in such activities potentially dangerous or harmful to your child. Assume the risk of, and release the YMCA and its associates harmless from, any liability for physical or other injury that has been suffered by your child during, or as a consequence of, participation in the physical activities required in the curriculum of this course and you agree that neither the YMCA, nor any other person involved in organizing or teaching in this program, shall have any liability or responsibility for any injury or harm. I authorize the YMCA to photograph or video tape both myself and my child and understand that all photos and video footage are property of the YMCA and may be used for publicity purposes. I have read, understand, and affirm that my child is in good health and physical condition and am signing this of my own free will. I agree to all of the foregoing.

**I HAVE READ THE ABOVE RELEASE AND WAIVER OF LIABILITY:**

Participant/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THIS IS YOUR RELEASE AND WAIVER OF LIABILITY.** You individually and on behalf of your minor child, release the YMCA of Reading & Berks County, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants, and/or others acting on its behalf. **You agree that this Release is effective immediately.**