

# the Group Swim Lessons

**For:** Children 3- 11 years old

**Dates:** October 16<sup>th</sup> - November 8<sup>th</sup> 2018

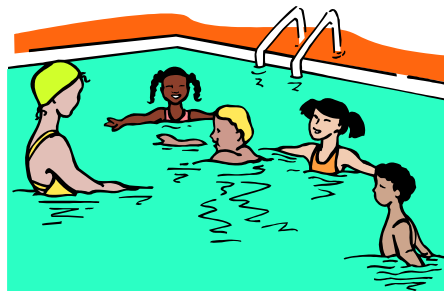
**Class Day/ Time:** Tuesday & Thursday evenings 5:30-6 & 6:10-6:40 PM

**Location:** Preston Foundation Warm Water Therapy Pool

**Cost:** \$30- Y Members\*, \$45- Non- Members\*

\*Assistance available for low income families at the service desk\*

- ☆ Children are grouped with similar ages and abilities if there are at least 3 swimmers for the skill level.
- ☆ If there are fewer than 3 swimmers in any level, the swimmer will be placed in the next age appropriate level or the parent can ask for a full refund after the 1<sup>st</sup> lesson, but before the second lesson.
- ☆ Swimmers who can swim 25m Freestyle are encouraged to try our swim team, the Henderson Splash. Inquire at the Service desk.
- ☆ The instructor to student ratio is no more than 1:5.
- ☆ Parents must register their child prior to the start of the first class.
- ☆ Registration is accepted on a first come, first serve basis and classes fill up quickly. **There will be no refunds after the session begins.**
- ☆ **After the first lesson, parents will be required to view swim lessons off the pool deck in a meeting room with closed circuit television access, this is for the benefit of your child.** If you are a YMCA member you are more than welcome to use the facility to exercise during the swim lesson. A Lifeguard and Aquatics Supervisor will remain on deck throughout each lesson.



For more information contact the Aquatics Director, Katharine Hill, 270-827-9622

Visit our website: [www.hcfymca.com](http://www.hcfymca.com)

**Please register by October 15<sup>th</sup> 2018.**

# Group Swim Lesson Registration

Account # 02205

Amount Paid \_\_\_\_\_

Child's Name: \_\_\_\_\_ Male / Female

Birth date \_\_\_\_\_ Age \_\_\_\_\_

Circle One: Member Non-Member

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (day) \_\_\_\_\_

Phone Number (evening) \_\_\_\_\_

Member email address \_\_\_\_\_

\*\*Please circle your preferred time: 5:30-6PM 6:10-6:40PM \*\*

My child is able to (check all that apply)

Blow bubbles  submerge head  submerge body  float on front

Float on back  turn over- front to back  tread water  no experience

Other Swimming Skills: \_\_\_\_\_

## Waiver, Release & Permission Agreement

As the parent/ guardian of a child participating in the YMCA group swim lessons, I hereby release and hold harmless the Henderson County Family YMCA, its employees and volunteers from any and all such claims or actions I may have, as a result of illness, injury or death my child, or any family member may have from direct or indirect participation in the group swim lessons.

Parent/ Guardian Name (please print) \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_