



# SUMMER 2024 SWIM LESSONS



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name & Phone Number: \_\_\_\_\_

Medical Concerns/Allergies: \_\_\_\_\_

## Please circle the correct answer for the following questions:

- Does the participant have a fear of water? • YES OR NO
- Is the participant dependent on floating aids to swim? • YES OR NO
- Can the participant swim at all without any assistance for a short period of time? • YES OR NO
- Can the participant swim on top of the water? • YES OR NO
- Can the participant roll from the front and float on their back? • YES OR NO
- Can the participant doggy paddle from side to side of the pool? • YES OR NO
- Can the participant go underwater without holding their nose? • YES OR NO
- Is the participant comfortable with their face getting wet? • YES OR NO
- Can the participant exit the pool from the side without assistance? • YES OR NO
- Can the participant dive? • YES OR NO
- Can the participant front crawl? • YES OR NO
- Can the participant breaststroke? • YES OR NO
- Can the participant butterfly? • YES OR NO
- Can the participant backstroke? • YES OR NO

\*NO SWIMMING MASK ALLOWED

\*\*IF ANY LESSONS ARE MISSED THEY WILL NOT BE MADE UP, UNLESS THEY ARE CANCELLED ON THE YMCA'S BEHALF.\*\*

\*GOGGLES AND SWIM SUIT REQUIRED

## Please circle the SESSION you would like to attend:

Youth Beginner (Ages 10-12)  
9:00AM to 9:45AM

Elementary Beginner (Ages 6-9)  
11:15AM to 12:00PM

Preschool Beginner (Ages 3-5)  
12:15PM to 1:00PM

## Please circle the SESSION you would like to attend:

SESSION 1 - TUESDAYS  
Lesson Dates: June 11, 18, & 25  
July 9, 16, & 23

SESSION 2 - WEDNESDAYS  
Lesson Days: June 12, 19 & 26  
July 10, 17 & 24

SESSION 3 - THURSDAYS  
Lesson Days: June 13, 20 & 27  
July 11, 18 & 25

In signing up and participating in this program, you are expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages, or loss in which you may sustain as a result of participating in any and all activities. I acknowledge that there are certain risks of physical injury to participants in these programs and I voluntarily agree to assume the full risk and any and all injuries, damages, or loss regardless of severity, that I/my child may sustain as a result of participation. I further agree to waive and relinquish all claims the I/my child may have as a result of participating in these programs against the Newberry County YMCA, its officials, agents, volunteers, sponsors, and employees. If my child becomes injured, ill, or requires medical attention for any reason, I authorize the YMCA staff, volunteers, and/or coaches to assist my child a call for medical assistance. My child will be transported to the nearest medical facility as deemed necessary by medical personnel. I understand that I am responsible for medical coverage and all costs incurred in the event of an emergency. I understand that photographs of my child's participation in this program may be used by Newberry County YMCA without compensation or additional approval. I have read and fully understand this waiver.

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

