



## 2025 Summer Swim Lessons

8220 Jollystreet Road, Newberry SC PH: 803.276.9936

swimlessons@newberryymca.org

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Does your child have any allergies or medical conditions that we need to be aware of? If yes, please explain:

People authorized to pick my child up from the YMCA program other than parents:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

People NOT authorized to pick my child up from the YMCA program:

**\*All classes listed below are GROUP lessons. If you are interested in private swim lessons or afternoon lessons, please email our swim lesson coordinator at swimlessons@newberryymca.org**

### Swim Starter

Parent/Child (8 mo. – 4 yr.)

**Participant will have (8) 30-minute lessons**

**Mon, Tues, Wed & Thurs 9AM-9:30AM**

\_\_\_\_\_ June Session 1: June 2<sup>nd</sup>- June 13<sup>th</sup>

\_\_\_\_\_ June Session 2: June 16<sup>th</sup> – June 27<sup>th</sup>

\_\_\_\_\_ July Session 3: June 30<sup>th</sup> – July 11<sup>th</sup>

\_\_\_\_\_ July Session 4: July 14<sup>th</sup> – July 24<sup>th</sup>

**\$120.00/YMCA Members**

**\$140.00/Non-Members**

### Swim Basics Levels 1 & 2

(4 yr. & up)

**Participant will have (8) 30-minute lessons**

**Mon, Tues, Wed & Thurs 9:45AM-10:15AM**

\_\_\_\_\_ June Session 1: June 2<sup>nd</sup>- June 13<sup>th</sup>

\_\_\_\_\_ June Session 2: June 16<sup>th</sup> – June 27<sup>th</sup>

\_\_\_\_\_ July Session 3: June 30<sup>th</sup> – July 11<sup>th</sup>

\_\_\_\_\_ July Session 4: July 14<sup>th</sup> – July 24<sup>th</sup>

**\$160.00/YMCA Members**

**\$180.00/Non-Members**

### Swim Basics Level 3

(4 yr. & up)

**Participant will have (8) 45-minute lessons**

**Mon, Tues, Wed & Thurs 10:45AM-11:30AM**

\_\_\_\_\_ June Session 1: June 2<sup>nd</sup>- June 13<sup>th</sup>

\_\_\_\_\_ June Session 2: June 16<sup>th</sup> – June 27<sup>th</sup>

\_\_\_\_\_ July Session 3: June 30<sup>th</sup> – July 11<sup>th</sup>

\_\_\_\_\_ July Session 4: July 14<sup>th</sup> – July 24<sup>th</sup>

**\$200.00/YMCA Members**

**\$220.00/Non-Members**

### Swim Basics Levels 4 & 5

(4 yr. & up)

**Participant will have (8) 45-minute lessons**

**Mon, Tues, Wed & Thurs 11:45AM-12:30PM**

\_\_\_\_\_ June Session 1: June 2<sup>nd</sup>- June 13<sup>th</sup>

\_\_\_\_\_ June Session 2: June 16<sup>th</sup> – June 27<sup>th</sup>

\_\_\_\_\_ July Session 3: June 30<sup>th</sup> – July 11<sup>th</sup>

\_\_\_\_\_ July Session 4: July 14<sup>th</sup> – July 24<sup>th</sup>

**\$200.00/YMCA Members**

**\$220.00/Non-Members**



## 2025 Summer Swim Lessons

8220 Jollystreet Road, Newberry SC PH: 803.276.9936

swimlessons@newberryymca.org

I hereby grant permission for my child to be transported by the YMCA for activities to, but not limited to swimming and field trips. I understand that every effort will be made to contact me or my emergency contact. If I, or someone on the emergency form cannot be reached, I give the YMCA permission to secure the medical treatment necessary for my child, including hospitalization, injection, anesthesia, or surgery. I understand in emergencies requiring immediate medical attention, my child will be taken to the nearest hospital emergency room. My signature authorizes the responsible person at the Newberry YMCA to have my child transported to the hospital. I understand that the Newberry County YMCA assumes no responsibility for injuries or illnesses which my child or I may sustain as a result of my participation in any athletic activities, sports programs, and the use of any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Newberry County YMCA, it's agents, servants and employees from any and all claims of for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the Newberry County YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the Newberry YMCA to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include myself or my heirs image or voice for purpose or interpreting YMCA programs. **By signing below, I hereby acknowledge the waiver set forth above.**

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

Date: \_\_\_\_\_