



# YMCA Evening Swim Lessons



5:45pm - 6:30pm

Monday - Wednesday - Friday  
6 classes per session

April 8th - April 19th, 2019

**Class Levels:**

- Skipper: Introductory Ages 3-5\* (30 min. class only)
- Polliwog: Beginners\* Ages 5 and up
- Guppy: Intermediate I\* Ages 5 and up
- Minnow: Intermediate II\* Ages 5 and up
- Fish: Advanced\* Ages 5 and up

\* Class levels are dependent upon the child's swimming ability. Please check [www.smvymca.org](http://www.smvymca.org) for more information

**A Parent or Guardian must per present during each swim lesson.**

Cost:  Members - \$45  Participants - \$65

Minimum of 3 students required to hold class

Register at the YMCA or online at [www.smvymca.org](http://www.smvymca.org) Financial Assistance is available

**Rain does NOT cancel classes**  
**No refunds unless class is cancelled**  
**No refunds dues to illness**

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**YMCA Evening Swim Lessons Registration Form**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Male  Female

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

Home Phone \_\_\_\_\_ Parent Name \_\_\_\_\_ Parent Phone \_\_\_\_\_ Email \_\_\_\_\_

Ethnicity: Latino(a) \_\_\_\_\_ White/Euro American \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_ Black/African American \_\_\_\_\_  
American Indian \_\_\_\_\_ Other \_\_\_\_\_

**Session: April 8th - April 19th, 2019 5:45-6:30pm**

Class Level:  Skipper  Polliwog  Guppy  Minnow  Fish

**For Office Use Only:** Cost \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_

**Santa Maria Valley YMCA Release/ Waiver**

I, the undersigned parent/person having legal custody of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities for this program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold the YMCA liable for any injuries incurred during the program whether caused by equipment or the acts or omissions of others including YMCA personnel. I further agree and specifically intend to waive as to the YMCA and staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician and/or surgeon whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs for medical care. If I participate in the program, whether as a coach, instructor, aide, spectator, or participant, I presently waive as to the YMCA and staff, officers, and directors thereof, any claim presently known or unknown damage to property or personal injury whether caused by equipment or the acts or omissions of others including YMCA personnel. I give permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Call Santa Maria Valley YMCA 937-8521



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY