



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MAY-JUNE SWIM LESSON REGISTRATION

Members: \$35 Potential Members: \$60

Participant Name: _____ Contact Phone: _____

Address: _____ City/State: _____ Zip: _____

Age: _____ Birth Date ____/____/____ Gender: M F Member _____ Non-Member _____

Email Address: _____

Special Health Needs: _____

Mother's Name: _____ Phone: (____) _____

Father's Name: _____ Phone: (____) _____

Emergency Contact: _____ Phone: (____) _____

Session Dates: May 2nd-May 25th May 29th- June 29th
Circle One

Check Swim Level: See back for Swim Level Explanation/Class Description/Fees

Ages 3mth-36mth	_____ Parent/Child (<u>Only May 29th-June 29th</u>)		Tu/Th 6:00pm-6:30pm
Age 3-4yrs	_____ Water Tots	Beginner Level	Tu/Th 6:00pm-6:30pm
Age 5-7yrs	_____ Mini swimmers	Beginner Level	Tu/Th 6:30pm-7:00pm
Age 4-7yrs	_____ Puddle Jumpers	Intermediate Level	Tu/Th 6:30pm-7:00pm
Age 5-10yrs	_____ Independent Swimmer	Advanced Level	Tu/Th 6:30pm-7:00pm

Group Lessons: You will receive 8 lessons. Lessons are scheduled to Tuesday & Thursday for a four-week session. Ratios for each class is stated on Group lesson description sheet. Classes will be filled on a first come first served basis. All participants will be contacted the week prior to your scheduled session.

Agreement:

I hereby certify that myself or my child is in normal health and capable of safe participation in the YMCA of Hannibal Aquatics Program. I assume all risks and hazards incidental to conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA of Hannibal to obtain medical treatment for myself or my children in the event that parents and the emergency contact provided cannot be reached. I support the play, family involvement and volunteer leadership. I also give the YMCA of Hannibal permission to use photos taken during any programs for media use. I understand that paid fees are non-refundable and non-transferable. I also understand that my child may not attend swim lessons until all enrollment paperwork is complete. Payments can be made to YMCA of Hannibal.

Signature: _____ Date: ____/____/____

Please Return to: YMCA of Hannibal - #1 YMCA Drive - Hannibal, MO - 63401

Fax: 573-221-2292 Phone: 573-221-0586 Email: kayla.williams@ymcaofhannibal.org

FOR OFFICE USE ONLY

Date _____ Amount Paid _____ Check# _____ Cash _____ Staff _____

Put in Trinexum _____ Code #17