



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# JANUARY-APRIL 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: Jan. 9<sup>th</sup> –Feb 1<sup>st</sup>    Feb 6<sup>th</sup>–March 1<sup>st</sup>    March 6<sup>th</sup> – 29<sup>th</sup>    April 2<sup>nd</sup>–26<sup>th</sup>**  
**Circle One**

**(No lessons on 23<sup>rd</sup> : Thanksgiving)**

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

<b>Ages 3mth-36mth</b>	_____ <b>Parent/Child</b> ( <u>Only offered Feb. &amp; April</u> )		<b>Tu/Th 5:30pm-6:00pm</b>
<b>Age 3-4yrs</b>	_____ <b>Water Tots</b>	<b>Beginner Level</b>	<b>Tu/Th 5:30pm-6:00pm</b>
<b>Age 5-7yrs</b>	_____ <b>Mini swimmers</b>	<b>Beginner Level</b>	<b>Tu/Th 6:00pm-6:30pm</b>
<b>Age 4-14yrs</b>	_____ <b>Puddle Jumpers</b>	<b>Intermediate Level</b>	<b>Tu/Th 6:00pm-6:30pm</b>
<b>Age 5-14yrs</b>	_____ <b>Independent Swimmer</b>	<b>Advanced Level</b>	<b>Tu/Th 6:00pm-6:30pm</b>

**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.com**

FOR OFFICE USE ONLY

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Staff \_\_\_\_\_  
Put in Daxko \_\_\_\_\_ Code #17