



# SWIM LESSONS

## Fees

\$45-Members

\$70-Community  
Participants

## **Water Safety is EVERYONE's Responsibility!**

Lessons provide a safe atmosphere where skill-building and character development take place. Special emphasis is placed on safety in and around water and most of all, FUN!

### **TINY TOTS**

(MORNING & EVENING SESSIONS)

Ages 3—5 Years

Designed for children to learn the basic swimming skills and improve stroke development. Participants will work on being comfortable in the water on their own, kicking, front and back floating, breath control, and progressive paddle stroke.

### **GUPPY/MINNOW**

(MORNING & EVENING SESSIONS)

Ages 6 Years & Up to Advanced

This class will build on basic skills learned in Pollywog. Will strengthen front crawl, back stroke; will learn breast stroke.

### **POLLYWOG**

(MORNING & EVENING SESSIONS)

Ages 6 Years & Up

Child will work on floating, kicking, independent swimming and comfort in the water. Front glide, back glide, front crawl, side stroke, and back stroke.

Class ages are a suggestion. Children older than the ages posted with little or no experience are encouraged to begin at a lower level class. This will ensure their success in their swimming career. YMCA swim instructors will swim test each child to place them in the class of their skill level.

**For more information:  
Calhoun County YMCA  
713 Hwy 35 South  
Port Lavaca Tx, 77979  
Phone (361)-551-2562**



**United Way**



# SWIM LESSONS

**Fees**  
 \$45-Members  
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## REGISTRATION FORM

Participant/Child:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

Parent/Guardian E-mail Address: \_\_\_\_\_

**Please Circle Below Your Preference of LEVEL, TIME, & SESSION DATES**  
***SEE REVERSE FOR FULL DESCRIPTION OF CLASSES***

<u>LEVEL:</u>	<u>MORNING:</u>	<u>EVENING</u>	<u>SESSION DATES</u>	<u>SESSION DATES</u>
TINY TOTS	8:30—9:25am	5:00—5:55pm	EVENINGS ONLY**:	MORNINGS & EVENINGS:
POLLYWOG	Or	Or	MAY 7—11	JUNE 4—8
GUPPY/MINNOW	9:30—10:25am	6:00—6:55pm	MAY 14—18	JUNE 11—15
			MAY 21—25	JUNE 18—22
				JUNE 25—29

Each lesson session consists of one week of classes, Monday thru Friday, each class 55 minutes. Choose from either morning or evening lessons (unless participant is registering for an evening only session. All class levels are taught during all sessions.

**Permission for Enrollment and release of the Calhoun County YMCA from liability.** I give my child permission to participate in Calhoun County YMCA Aquatic Program. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for the Calhoun County YMCA allowing my child to participate in YMCA Aquatic Program, I understand and expressly acknowledge that I release the Calhoun YMCA and its staff from all liability for any injury, loss, or damage connected in any way whatsoever to participate in YMCA activities whether on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the Calhoun YMCA, its staff, directors, members and guests. I have read and voluntarily agree to this authorization and release.

**Authorization of emergency Medical Treatment.** If my child should become ill or injured during a YMCA activity and the YMCA is unable to reach me, the YMCA is authorized to arrange for immediate emergency treatment necessary to ensure my child's health and safety. I accept responsibility for payment of medical services rendered.

**Photo/video Release.** I grant permission to the Calhoun YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

**\*\*NO REFUNDS GIVEN AFTER FIRST CLASS OF SESSION\*\***

**I have read and understand the above information above. My child has permission to participate in the YMCA Aquatic Program with the conditions set forth.**

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

Receipt No: \_\_\_\_\_ Date Pd: \_\_\_\_\_ Member I.D.: \_\_\_\_\_ Staff Name: \_\_\_\_\_