



AQUA TOTS

The class is designed for adults to be able to interact with their children in a fun, aquatic environment. The program will aim to help children become more acclimated and confident in the water.

A guardian must accompany the child in the pool.

AGES 6 MONTHS TO 3 YEARS

CLASSES WILL BE HELD ONCE A WEEK ON SATURDAYS
SESSIONS ARE 6 WEEKS HELD AT THE MAY BUILDING
10:00 am – 10:45am

SESSION 1: March 2nd to April 6th
SESSION 2: April 13th to May 18th

Cost: Y Member \$50 Non-Member \$65

For More Information, Contact:

Alyssa Stubblefield at 304.525.8127 or aquatics@huntingtonymca.org
YMCA May Building | 304.525.8127 | huntingtonymca.org

Your child will not be registered until payment is received. Please complete all information.

Participant Information

Please Print Clearly

Last Name _____ First Name _____ M.I. _____

Date of Birth _____ Gender _____

Parent/Guardian Name(s) _____

Street Address _____ Apt. No. _____

City _____ State _____ ZIP _____

Home Phone (____) _____ Cell (____) _____ Email _____

List Any Medical Problems or Limitations _____

Emergency Contact

Name _____ Relationship to child _____ Phone _____

Name _____ Relationship to child _____ Phone _____

I do hereby waive, release, and forever discharge the Huntington YMCA, its employees, independent contractors, or anyone acting on behalf, from any and all liability for injuries and damages resulting from my child's participation in any activities sponsored by the YMCA, including those damages that may be incurred by the use of equipment furnished by the YMCA. By signing below, I acknowledge there may be health risks associated with my child's participation in the YMCA's program, which may include, but not limited to, transient lightheadedness, fatigue, fainting, abnormal blood pressure, chest discomfort, leg cramps, and other exercise related ailments that I willfully assume those risks. I understand that I may request that my child stop or delay his or her participation in any activity and that my child may be requested to stop and rest by any YMCA representative who observes any symptoms of distress or abnormal response to activity. I declare I have read, understood and agree to the contents of this concerned agreement in its entirety.

Parent/Guardian _____ Date ____/____/____

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