



**STRONG SWIMMERS
CONFIDENT KIDS**



GROUP SWIM LESSONS SPRING SESSIONS

The class is designed for beginners focusing on basic swim instruction and water safety.

AGES 4 TO 12

CLASSES WILL BE HELD TWICE A WEEK ON TUESDAYS AND THURSDAYS
SESSIONS ARE 3 WEEKS HELD AT THE MAY BUILDING
4:00 pm –4:50 pm or 5:00 pm –5:50 pm

SESSION 1: March 12th to March 28th

SESSION 2: April 9th to April 25th

SESSION 3: May 7th to May 23rd

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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