



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# FORT MYERS YMCA SWIM LESSONS SCHEDULE

All classes located at Cypress Lake High School, 6321 Panther Lane, Fort Myers, FL 33919

**For schedule updates and alerts text "FMYMCASWIM" to 84483**

<b>SESSIONS</b>	4 Weeks	<b>SESSION COST</b>	Y Members	\$40
<b>CLASS DAYS</b>	Saturdays		Non-Members	\$75
<b>CLASS LENGTH</b>	45 Minutes	<i>*Minimum of 3 students per class*</i>		

If you are unsure of which class to place your child, swim staff will determine the appropriate group at the first lesson.

## FALL 2017

Session	REGISTRATION	SESSION DATES
Session 1	August 16 – Sept. 14	Sept. 16 – Oct. 7
Session 2	August 16 – Oct. 19	Oct. 21 – Nov. 11
Parent/Child (Ages 6 - 36mos)		9:15am – 10:00am
Preschool Beginner/Advanced (Ages 3-5)		9:15am – 10:00am
Parent/Child (Ages 6 - 36mos)		10:15am – 11:00am
Preschool Beginner/Advanced (Ages 3-5)		10:15am – 11:00am
Preschool Beginner/Advanced (Ages 3-5)		11:15am – 12:00pm
School-Age Beginner (Ages 6-12)		11:15am – 12:00pm
Preschool Beginner (Ages 3-5)		12:15pm – 1:00pm
School-Age Beginner/Advanced (Ages 6-12)		12:15pm – 1:00pm

## SPRING 2018

Session	REGISTRATION	SESSION DATES
Session 1	February 1 – March 1	March 3 – 24
Session 2	February 1 – April 5	April 7 – 28
Parent/Child (Ages 6-36mos)		9:15am – 10:00am
Preschool Beginner/Advanced (Ages 3-5)		9:15am – 10:00am
Parent/Child (Ages 6-36mos)		10:15am – 11:00am
Preschool Beginner/Advanced (Ages 3-5)		10:15am – 11:00am
Preschool Beginner/Advanced (Ages 3-5)		11:15am – 12:00pm
School-Age Beginner (Ages 6-12)		11:15am – 12:00pm
Preschool Beginner (Ages 3-5)		12:15pm – 1:00pm
School-Age Beginner/Advanced (Ages 6-12)		12:15pm – 1:00pm



Partner Agency



# YMCA SWIM LESSON REGISTRATION FORM

Participant Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Race:  White/Caucasian  Black/African American  Black/African American/White  Asian  
 Asian/White  American Indian/Alaskan Native  Unspecified  Other Multi-Racial

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino

Household Income: (optional)  \$0 - 13,999  \$4,000 - 24,000  \$25,000 - 39,000  
 \$40,000 - 54,999  \$55,000 - 74,999  \$75,000 and over

Parent/Guardian: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_

Child's School: \_\_\_\_\_ Medical Alerts: \_\_\_\_\_

Season:  Fall  Spring

Session:  Session 1  Session 2

Class Name: \_\_\_\_\_ Class Time: \_\_\_\_\_

## PARENT REMINDERS

- You must remain on site while your child is in the pool.
- Please stay away from the pool during lessons with the exception of the Parent/Child Classes. You are welcome to watch lessons from the picnic tables near the equipment house.
- Please ensure your child has used the restroom facilities prior to entering the pool. Swim diapers and plastic pants are required for all children under 2 years of age.
- Please **do not let your child in or near the water without the instructor's permission.**
- Due to the limited amount of time for each swim lesson session, we do not offer make up lessons for individuals.
- We will contact you of any cancellations due to weather. You may contact the Y at 275-9622 for any possible cancellations, but please be mindful of congesting the phone lines. **For schedule updates and alerts text "FMYMCASWIM" to 84483**

## Program Liability and Waiver

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for the YMCA allowing my child or other family members to participate in YMCA activities, I understand, and expressly acknowledge, that when I, my child or other families attend the YMCA's facilities or programs, or when using any equipment located on or off the YMCA's premises, we do so at own risk.

I release the YMCA and its staff members, its Directors, officers and agents from all liability for injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA's premises. I understand that this Release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, officers, agents, representatives and guests. I have read the form and grant permission for my child to participate in all activities provided by the YMCA. I authorize the staff of the YMCA, or appropriate medical personnel to administer emergency medical treatment to me, my child or other family members. I also understand that I am solely responsible for all costs incurred as a result of such treatment. I have read and voluntarily signed this Authorization and Release. **I understand, per the YMCA Program Refund Policy, that no refunds will be given after the session begins.**

**Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Front Desk Staff Use Only

Everything is filled out correctly and legibly:  **Yes**  **No** Payment Received By: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_