



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YOUTH SWIM LESSONS

FORT MYERS YMCA

1360 Royal Palm Square Blvd  
Fort Myers, FL 33919

## SPRING 2018

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



**SESSIONS** 4 Classes      **SESSION COST**

Y Members	\$40
Non-Members	\$75

**CLASS DAYS** Saturdays  
*\*Minimum of 3 students per class\**

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

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 months - 18 months		9:10am – 9:40am
Parent/Child Ages 18 months - 36 months		9:10am – 9:40am
Preschool Ages 3-5		9:50am – 10:30am
Preschool Ages 3-5		10:40am – 11:20am
School Ages 6-12		11:30am – 12:10pm
School Ages 6-12		12:20pm – 1:00pm

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



**US...**  
**IS EMPOWERING**

Every day, the Y strengthens communities for kids, adults, seniors and families with programs that protect, teach, connect, heal, nourish and encourage. It's how we help communities and the "us" who live in them find the power of their full potential.  
**We can't do it alone. DONATE FOR A BETTER US**



Partner Agency

# YMCA SWIM LESSON REGISTRATION FORM

Child's Name: \_\_\_\_\_ D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ 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  \$14,000 - 24,999  \$25,000 - 39,999  \$40,000 - 54,999  \$55,000 - 74,999  \$75,000+

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

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

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: \_\_\_\_/\_\_\_\_/\_\_\_\_