

Parent/Child Swim Lessons - Ages 6 - 36 Months

Ages	Level & Topic	Days & Times		Dates	Availablitiy
Parent /Child	A Water Discovery	M-TH 3:00PM - 3:35PM	<input type="checkbox"/>	6/18/18 - 6/28/18	5 Spots
			<input type="checkbox"/>	7/2/18 - 7/12/18	5 Spots
			<input type="checkbox"/>	7/16/18 - 7/26/18	5 Spots
			<input type="checkbox"/>	7/30/18 - 8/9/18	5 Spots
Parent /Child	B Water Exploration	M-TH 3:00PM - 3:35PM	<input type="checkbox"/>	6/18/18 - 6/28/18	5 Spots
			<input type="checkbox"/>	7/2/18 - 7/12/18	5 Spots
			<input type="checkbox"/>	7/16/18 - 7/26/18	5 Spots
			<input type="checkbox"/>	7/30/18 - 8/9/18	5 Spots

Participant's Information:

Child's Name: _____ Age: _____ Date of Birth: _____ Gender: M | F
 Address: _____ Apt. #: _____ City _____
 State: _____ Zip Code: _____ Cell Phone: _____ Home Phone: _____

Parent/Legal Gaurdian Name: _____ Email: _____
 Emergency Contact: _____ Emergency Phone #: _____

By registering my child for this program, I recognize that participation in YMCA activities may expose my child to some risk or injury. I agree to hold the YMCA harmless from any claim for damage to property or person which may occur through participation in any activity at the YMCA.
 Intialed by parent or Guardian: _____

My initials give consent for my child to be photographed and/or video taped participating in the program for marketing purposes. _____