

the SWIM INSTRUCTION

May Bldg. • 935 10th Ave. Huntington, WV 25701 • (304) 525-8127 | Phil Cline Family YMCA • 917 9th St. Huntington, WV 25701 • (304) 697-7113 | Kennedy Center • 5800 Ohio River Road, Huntington, WV 25703 • (304) 522-0616

SWIMMING CLASSES

Ages 4-10

ALL CLASSES WILL BE HELD ON MONDAYS AND WEDNESDAYS
3 WEEK SESSIONS | ALL WINTER/SPRING CLASSES HELD AT THE MAY BUILDING

MAX 6 STUDENTS PER CLASS

SESSION 1: January 28 – February 13	(5:00 pm – 5:45 pm	6:00 pm – 6:45 pm)
SESSION 2: February 25 – March 13	(5:00 pm – 5:45 pm	6:00 pm – 6:45 pm)
SESSION 3: April 1 – April 17	(5:00 pm – 5:45 pm	6:00 pm – 6:45 pm)
SESSION 4: April 29 – May 15	(5:00 pm – 5:45 pm	6:00 pm – 6:45 pm)

Swim lessons are for beginner swimmers as only basic swim instruction and water safety are taught.

Y MEMBER (\$35) **Y NON-MEMBER (\$55)**

Swim Classes Registration and info call 304.525.8127 | sjones@huntingtonymca.org

Payment can be cash, check, credit, or money order. **YOUR CHILD WILL NOT BE REGISTERED UNTIL PAYMENT IS RECEIVED.** Please make check payable to YMCA SWIM LESSONS. Please complete all information. Incomplete forms will not be processed.



DATE _____ / _____ / _____ LAST NAME _____

 FIRST _____

PLAYER INFORMATION	PLEASE PRINT CLEARLY
MEMBER NO. _____ DATE OF BIRTH _____	SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
LAST NAME _____ FIRST NAME _____	M.I. _____
PARENT / GUARDIAN NAME(S) _____	
STREET ADDRESS _____ APT. NO. _____	
CITY _____ STATE _____ ZIP _____	
HOME PHONE: (____) _____ CELL: (____) _____ EMAIL: _____	
MEDICAL / EMERGENCY INFORMATION	
IMPORTANT LIST ANY MEDICAL PROBLEMS OR LIMITATIONS _____	
PERSON TO NOTIFY IN CASE OF AN EMERGENCY	
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 its 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 injuries or 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(s), which may include, but not be limited to, transient light-headedness, 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 that I have read, understood, and agree to the contents of this concerned agreement in its entirety.

_____/_____/_____
 Parent / Guardian Signature Date Parent / Guardian Signature Date

REGISTER AT THE HUNTINGTON YMCA MAY BUILDING.