

the TODDLER SPLASH

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

ALL CLASSES WILL BE HELD ON TUESDAYS FOR 5 WEEK SESSIONS

Ages 1-3

**MAX 15 STUDENTS PER CLASS
SEPTEMBER 4TH - OCTOBER 2ND (5:00PM - 5:45PM)**

COST: \$35.00 (MEMBERS ONLY)

*A parent(s) or Guardian(s) must be a Y member and is required to participate in the class

SWIM LESSONS WILL BE HELD AT THE Y MAY BUILDING, 935 10TH AVE.

This class is designed for parents to be able to interact with their children in a safe and fun aquatic environment. The lessons will be taught only in the warm pool, and will help children become more acclimated and confident in the water, regardless of their gender or skill level. Through the use of stations and games, children will develop a sense of comfort and security in the pool.

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: MALE 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

DROP OFF at any Y location or **MAIL APPLICATION TO:** Huntington YMCA | 935 10th Ave. | Huntington, WV 25701