



GAIN CONFIDENCE IN THE WATER

SWIM LESSONS

CALHOUN COUNTY YMCA

At the Y, our Red Cross certified swim lesson program teaches children, youth and adults personal safety, stroke development and rescue to develop a life-long passion for swimming and water activities.

Kids who do not swim year-round tend to forget the basics.

GROUP LESSONS (50 minutes)	PARENT/CHILD (30 minutes)
Y Member \$45 • Community \$70	
Week long lessons - Monday-Thursday Evening classes 6:10-7:00pm June 6-9 • June 13-16 • June 20-23 • June 27-30 Morning Classes 8:00-8:50am July 11-14 • July 18-21 • July 25-28	(1) 4 week session June 7-30 Monday and Wednesday 6:15pm-6:45pm
Tiny Tots 3-5 years	
Polliwog 6 and up	
Guppy/Minnow Advanced	

Contact Rhonda Mason 361-551-2526 or rwilkins@ymcavictoria.org for more information.
713 HWY 35 South, Port Lavaca, TX 77979 • ymcavictoria.org



SWIM LESSON REGISTRATION FORM

CALHOUN COUNTY YMCA

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Gender: Male _____ Female _____ Email: _____

Address: _____ City/State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

CLASS/SESSION SELECTION

Please circle the time and date for the class you wish your child to participate in:

GROUP LESSONS (50 minutes)			PARENT/CHILD (30 minutes)
Y Member \$45 • Community \$70			
Week long classes - Monday-Thursday. Morning and Evening classes. Class is 50 minutes. All skill levels taught during each session. <i>Limit 6 students per time slot</i>			(1) 4 week session June 6-29 Monday/Wednesday 6:15pm-6:45pm
Tiny Tots (3-5 years) Designed for kids to learn the basic swimming skills and improve stroke development. Class will work on being comfortable in the water on their own, kicking, front and back floating, breath control and progressive paddle stroke.	JUNE, 6:10pm June 6-9 June 13-16 June 20-23 June 27-30	JULY, 8:00am July 11-14 July 18-21 July 25-28	
Polliwog (6 and up) Class will work on floating, kicking, independent swimming and comfort in the water. Front glide, back glide, front crawl, side stroke and back stroke.	JUNE, 6:10pm June 6-9 June 13-16 June 20-23 June 27-30	JULY, 8:00am July 11-14 July 18-21 July 25-28	
Guppy/Minnow (Advanced) Class will build on basic skills learned in Polliwog. Will strengthen front crawl, back stroke and will learn breast stroke.	JUNE, 6:10pm June 6-9 June 13-16 June 20-23 June 27-30	JULY, 8:00am July 11-14 July 18-21 July 25-28	

****NO REFUNDS GIVEN AFTER FIRST CLASS OF SESSION****

- Participants must abide by the Barbara Bauer Briggs Family YMCA code of conduct. The YMCA has the right to eliminate a participant for misconduct.

Permission for Enrollment and Release of the Calhoun County YMCA from Liability: I give my child permission to participate in Calhoun County YMCA Aquatic Program. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore in exchange for the Calhoun County YMCA allowing my child to participate in YMCA Aquatic Program, I understand and expressly acknowledge that I release the Calhoun County YMCA and its staff from all liability for any injury, loss, or damage connected in any way whatsoever to participate in YMCA activities whether on or off YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the Calhoun County YMCA, its staff, directors, members and guests. I have read and voluntarily agree to this authorization and release.

Authorization of Emergency Medical Treatment: If my child should become ill or injured during a YMCA activity and the YMCA is unable to reach me, the YMCA is authorized to arrange for immediate emergency treatment necessary to ensure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/Video Release: I grant permission to the Calhoun YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

I have read and understand the above information above. My child has permission to participate in the YMCA Aquatic Program with the conditions set forth.

Parent/Guardian Signature _____ Date _____

Receipt #: _____ Date Paid: _____ Member I.D.: _____ Staff Name: _____