



Calhoun County YMCA



**Private
Swim
LESSONS**

GAIN CONFIDENCE IN THE WATER

PORT LAVACA SWIMMING POOL

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.

Private Lessons Include:
Five (5) thirty-minute sessions
Fee: \$85

**For information and scheduling,
call 361-551-2562**

Calhoun County YMCA
713 HWY 35 South • Port Lavaca, TX 77979



SWIM LESSONS REGISTRATION FORM

Calhoun County YMCA

PARTICIPANT INFORMATION

Name: _____

Date of Birth: _____ Age: _____ Gender: Male ___ Female ___

Address: _____ City/State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

Email address: _____

Emergency Contact: _____ Phone: _____

PRIVATE SWIM LESSONS

Includes:

Five (5) thirty-minute sessions

Fee: \$85

- ****NO REFUNDS GIVEN AFTER FIRST CLASS OF SESSION****
- Participants must abide by the Calhoun County 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: _____