



**\*\*Please note that there are no programs running on July 1 & August 5\*\***

|   |  |   |                           |   |  |
|---|--|---|---------------------------|---|--|
|   |  | YMCA Member<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Child's last Name   |  | First Name  |                           | Date of Birth YYYY/MM/DD                                      |  |
| Address   |  | City  |                           | Postal Code   |  |
| Name of Parent or Guardian  |  | Phone Number (H)  |                           | Phone Number (W)(C)   |  |
| Emergency Contact   |  | Phone Number (H)  |                           | Phone Number (W)(C)   |  |
| Email Address   |  | Who may pick up your child?   |                           |   |  |
| Child's Doctor  |  | Doctor's Phone Number   |                           |   |  |
| Medical Conditions and/or Behaviours  |  |   | Medications to Administer |   |  |
| <p><b>I grant release to the YMCA the right to use photographs/video in which I and/or my child appears for the use of publicity brochures, newsletter, social media, annual reports or any other material promoting the YMCA.</b></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Parent Signature: _____ Date: _____</p> |  |   |                           |   |  |

Please check the box for the session(s) you wish to register for:

**Swim Lessons**

**Daytime Lessons**

|            |                   | <input type="checkbox"/> | Level | Cost | Time  |
|------------|-------------------|--------------------------|-------|------|-------|
| Session #1 | July 3 – 12**     | <input type="checkbox"/> | _____ | \$48 | _____ |
| Session #2 | July 16 – 26      | <input type="checkbox"/> | _____ | \$48 | _____ |
| Session #3 | July 30 – Aug 9** | <input type="checkbox"/> | _____ | \$48 | _____ |
| Session #4 | August 13 - 23    | <input type="checkbox"/> | _____ | \$48 | _____ |

**Evening Lessons**

|             |                    |                          |       |      |       |
|-------------|--------------------|--------------------------|-------|------|-------|
| Tuesday's   | July 2 – August 20 | <input type="checkbox"/> | _____ | \$48 | _____ |
| Wednesday's | July 3 – August 21 | <input type="checkbox"/> | _____ | \$48 | _____ |
| Thursday's  | July 4 – August 22 | <input type="checkbox"/> | _____ | \$48 | _____ |

**Private Lessons**

**Cost:** \$25.00 per lesson for private

\$14.00 per person per lesson for semi private

Date Booked: \_\_\_\_\_

Preferred Dates: \_\_\_\_\_

Preferred Time: \_\_\_\_\_

# of lessons: \_\_\_\_\_

Total cost: \_\_\_\_\_

Level to be taught: \_\_\_\_\_

Notes: \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_



**\*\*Please note that there are no programs running on July 2 & August 5\*\***

|  |  |   |                           |   |  |
|--|--|---|---------------------------|---|--|
|  |  | YMCA Member<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                           | <input type="checkbox"/> Male <input type="checkbox"/> Female |  |
| Child's last Name  |  | First Name  |                           | Date of Birth YYYY/MM/DD                                      |  |
| Address  |  | City  |                           | Postal Code   |  |
| Name of Parent or Guardian   |  | Phone Number (H)  |                           | Phone Number (W)(C)   |  |
| Emergency Contact  |  | Phone Number (H)  |                           | Phone Number (W)(C)   |  |
| Email Address  |  |   |                           |   |  |
| Medical Conditions and/or Behaviours   |  |   | Medications to Administer |   |  |
| <p><b>I grant release to the YMCA the right to use photographs/video in which I and/or my child appears for the use of publicity brochures, newsletter, social media, annual reports or any other material promoting the YMCA.</b></p> <p>Yes <input type="checkbox"/> <span style="float: right;">No <input type="checkbox"/></span></p> <p>Parent Signature: _____ Date: _____</p> |  |   |                           |   |  |

**Aqua Fitness (Prices include tax)**

10 Pass \$63

**Bronze Medallion/Cross/SFA (Prices include tax)**

Thursdays (July 4 - August 22)  \_\_\_\_\_ YM \$254.25 5:00-8:00pm  
 NM \$297.19

**YMCA Assistant Swim Instructor Course**

\_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_