

# Swim Lessons Registration Form



## SWIMMER'S INFORMATION

**\*PLEASE PRINT NEATLY\***

PLEASE **ADD** LUCY CORNING (SWIM INSTRUCTOR) TO YOUR PHONE BEFORE TURNING IN THIS FORM.

**(314) 920-8194**

TEXT LUCY TO BEGIN SETTING UP SWIM LESSONS.

CHILD'S LAST NAME \_\_\_\_\_ CHILD'S FIRST NAME \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

ARE YOU AN ACTIVE YMCA MEMBER? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, why? \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ PHONE # \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ PHONE # \_\_\_\_\_

\*EMAIL ADDRESS **(REQUIRED)** \_\_\_\_\_

PREFERRED METHOD OF CONTACT \_\_\_\_\_

How many years of experience does your swimmer have?

\_\_0\_\_1-3\_\_4-6

Additional information about your child's experience level:

\_\_\_\_\_  
\_\_\_\_\_

If registering for a group lesson, which class would you like to be enrolled in? Mark one please.

Level 3 (Strong) M, W 3:30-4:30 pm \_\_\_\_\_ Level 2 (Intermediate) Tues, Thurs 2:30-3:30 pm \_\_\_\_\_

Level 1 (Beginner) Tues, Thurs 1:30-2:30 pm \_\_\_\_\_

DOES YOUR CHILD: (CIRCLE Y OR N):

Take any medications regularly? Y or N Please list \_\_\_\_\_

Suffer from asthma or breathing disorder? Y or N Use an inhaler? Y or N

Have any allergies? Y or N Please describe \_\_\_\_\_

Any other medical conditions that coaches should be aware of? (list below)

\_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

\_\_\_\_\_

## **CONSENT FORM**

I hereby consent for my child or ward, named on registration, to participate in the YMCA Swim Lessons program and agree to release the YMCA of Avery County, team coaches and league officials from any claims that may arise from injuries suffered by my child or ward while participating in this program. Further, I authorize the YMCA of Avery County to provide emergency treatment for illness or injury of my child if qualified medical personnel consider the treatment necessary and perform the treatment. I also consent the release of photos and the name of my child as deemed necessary. I have read all of the above information AND the registration flyer and understand all aspects of the Sim Lessons Program.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_