



# Santa Maria Valley YMCA

## YOUTH SWIM CONDITIONING CLASS



**Ages 8-16**  
**Tuesday and Thursday**  
**6:30pm - 7:00pm**

- Jan. 3, 2012 - Jan. 26, 2012
- Feb. 2, 2012 - Feb. 28, 2012 (class starts on Thursday)
- Mar. 6, 2012 - Mar. 29, 2012

**Students must be able to swim at least one lap**

**Rain does NOT cancel classes!**  
**No refunds unless class is cancelled**  
**All Students must bring goggles**

**YMCA Members: \$30**  
**YMCA Non-Members: \$40**  
*Price includes 2 classes per week for 1 month  
 and time trials at the end of the session!*

**Registration ends one week before start date. Class sizes are limited. (Will take late registrations if possible)**

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**Santa Maria Valley Registration Form**

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Parent Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

- January    February    March

**For Office Use Only:**   Cost \$ \_\_\_\_\_   Receipt # \_\_\_\_\_   Staff Initials \_\_\_\_\_

**Santa Maria Valley YMCA Release/ Waiver**

I, the undersigned parent/person having legal custody of the above said minor, give permission for the minor to participate in the YMCA program described above. The minor is physically able and mentally prepared to participate in all activities for this program. I hereby voluntarily and knowingly assume all risks and dangers inherent and incidental to the activities of the program. I will not hold the YMCA liable for any injuries incurred during the program whether caused by equipment or the acts or omissions of others including YMCA personnel. I further agree and specifically intend to waive as to the YMCA and staff, officers and directors thereof any claim known or unknown to me. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to the minor to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by any physician and/or surgeon whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs for medical care. If I participate in the program, whether as a coach, instructor, aide, spectator, or participant, I presently waive as to the YMCA and staff, officers, and directors thereof, any claim presently known or unknown damage to property or personal injury whether caused by equipment or the acts or omissions of others including YMCA personnel.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Questions? Call Santa Maria Valley YMCA 937-8521

