



YMCA Swim Lessons

Santa Maria Valley Saturday Class



10:30am - 11:00am (Parent and Child)

11:00am - 11:45am (Skipper - Fish)
5 Saturday Classes

March 10, 2012 - April 7, 2012

Cost: Members - \$35 Participants - \$55

Registration ends one week prior to class start. We will take late registration if space is available.
Register at the YMCA Front Desk

Class Levels:

- Parent and Child (Parent must get in water) * (30 min. classes)
- Skipper: Ages 3-5 * (30 min. classes)
- Polliwog: Ages 5 and up *
- Guppy: Ages 6 and up *
- Minnow: Ages 8 and up *
- Fish and Above: Advanced *

Rain does NOT cancel classes!
No refunds unless class is cancelled
Class changes can be made 1 week prior to class
with a \$5.00 transfer fee per transaction!

Please check www.smvymca.org for class information.
Minimum of 3 students required to hold class.

* Class levels are dependent upon the child's swimming ability. The YMCA may move children to the appropriate class.

Santa Maria Valley Registration Form

Child's Name _____ Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Parent Name _____ Parent Phone _____

Class: March 10, 2012 - April 7, 2012

Class Level: Skipper Polliwog Guppy Minnow Fish and Above Parent and Child

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. I give permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs

Parent Signature _____ Date _____

Questions? Call Santa Maria Valley YMCA 937-8521

