



Avalon Park YMCA SWIM LESSON REGISTRATION



PARTICIPANT INFORMATION:

I am a resident of the Avalon Park Sub-Division? Yes No
 Member Non Member

Name of Participant: _____
Last First MI

DOB: ___/___/___ Age: _____ Gender: M F

Age Groups: Parent-Child 6 – 36 months (8 – 30 min lessons)
 Pre-School 3 – 5 years old (8 – 30 min lessons)
 Youth 6 – 11 years old (8 – 45 min lessons)

Program Fees:
 YMCA Member (AP Resident): \$40*
 YMCA Member: \$50
 Non-Member: \$100
 *Rate is for YMCA members that are residents of the Avalon Park sub-division.

My child participated in YMCA Swim Lessons last year and completed level:

My child has never done YMCA Swim lessons, but to the best of my knowledge, my child swims at the following level:

Beginning Intermediate Advanced

CHECK ALL THAT APPLY & CHOOSE YOUR LESSON TIME FOR EACH SESSION

Session	Dates	Age Group	Time
<input type="checkbox"/> 1	May 19 – May 29	_____	_____
<input type="checkbox"/> 2	June 2 - June12	_____	_____
<input type="checkbox"/> 3	June 16 - June 26	_____	_____
<input type="checkbox"/> 4	June 30 – July 10	_____	_____
<input type="checkbox"/> 5	July 14 – July 24	_____	_____
<input type="checkbox"/> 6	July 28 – August 7	_____	_____
<input type="checkbox"/> 7	August 11 – August 21	_____	_____
<input type="checkbox"/> 8	August 25 – Sept 4	_____	_____
<input type="checkbox"/> 9	Sept. 8 – Sept. 18	_____	_____

PARENT/GUARDIAN INFORMATION: (all information is mandatory)

Name: _____ Email: _____
Last First

Main Contact #: _____ Secondary Contact #: _____

Address: _____
Street Apt City Zip

How did you hear about this program: Flyer Friend Mail-Out YMCA Employee Other: _____

SESSIONS 1, 2, 7, 8, 9

Parent-Child
 Pre-School
 Youth

TIMES (Monday – Thursday)

10:00am, 5:45pm
 10:30am, 11:15am, 4:15pm, 6:15pm
 5:00pm, 7:00pm

Length of Class

25 minutes
 30 minutes
 45 minutes

SESSIONS 3, 4, 5, 6

Parent-Child
 Pre-School
 Youth

TIMES (Monday – Thursday)

8:30am, 5:45pm
 9:00am, 10:45am, 4:15pm, 6:15pm
 9:45am, 11:30am, 5:00pm, 7:00pm

25 minutes
 30 minutes
 45 minutes



Program Cancellations & Refund Requests

Due to the high demand for swim lessons, please cancel at least 1 week prior to your swim lesson session. We have a large wait list for swim lessons. All refund requests **MUST** be submitted in person. Refunds may take up to 6 weeks to process. Refunds will not be accepted after the session begins.

Lesson Cancellations & Make-Ups

The YMCA reserves the right to combine or cancel classes due to inclement weather or unforeseen circumstances. Make-ups are only completed for lessons that the YMCA cancels. Only 1 make-up session is offered and this is usually offered on Fridays. The YMCA does not allow make-ups if your child misses a class due to personal/family reasons. The decision to cancel a class will not be made until 15 minutes prior to your class. Please contact the YMCA **NO EARLIER** than 15 minutes prior to your class time to see if your child's class has been cancelled. The YMCA will not cancel a class if it is only raining lightly. At this time the YMCA will let you know the status of class and make-up time if applicable.

Waiver

I understand that the Central Florida YMCA assumes no responsibility for injuries or illness which I or my child(ren) may sustain as a result of my or my child(ren)s physical condition or resulting from me or my children(ren)s participation in any swim lessons, aquatic activities, athletic activities, sports programs, the use of equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs, that I assume the risk of any and all injuries and illness which may result from my or my child(ren)s participation in these activities. I hereby release and discharge the Central Florida YMCA, its agents, servants and employees, from any and all claims for injury, illness, death, loss or damage which I or my child(ren) may suffer as a result of my (their) participation on Central Florida YMCA premises. I give permission to the Central Florida YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my child(ren)s image or voice for the purposes of promoting or interpreting Central Florida YMCA programs.

Agreement

I acknowledge the waiver set forth and being in sympathy with the Mission Statement of the Central Florida YMCA and agree to sign the waiver. I understand and agree to abide by all the policies stated herein.

Signature of

Parent/Guardian: _____ **Date:** ____/____/____

For YMCA Use Only

Date: ____/____/____

Program Fee: _____

Late Fee: _____

AP Resident Scholarship

Other: _____

Amount Paid: _____

Check Number: _____

Cash: _____

CC Type: _____

Received By: _____

Input By: _____