



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Swim Lessons MASSAD

Monday & Wednesday

9/12-10/5/16
10/17-11/14/16
(NO CLASS 10/31)
11/28-12/21

Mondays/Wednesdays		E-1	E-2	E-3
Parent/child	10:00-10:40 am			
Homeschool Beginner	12:00-12:30 pm			
Homeschool Intermediate	12:30-1:00 pm			
Inbetweens	4:30-5:00			
Pike	4:30- 5:00			
Pike	5:10-5:40			
Eels	5:10-5:50			
Rays	5:10-5:50			
Polliwog 1	5:55-6:35			
Polliwog 2	5:55-6:35			
Guppy	5:55-6:35			
Polliwog 2	6:40-7:20			
Minnow/fish	6:40-7:20			
Teen/Adult Beginner	6:40-7:20			
Cost: \$56 Member *\$10 Late Fee registering the day class begins	\$81 Non-member			

Saturday mornings

9/10-10/29/16
11/12-12/10
(NO CLASS 11/26)

Saturday Morning		S-1	S-2
Teen/Adult Beginner	8:45-9:25		
Teen/Adult Intermediate	8:45-9:25		
Pike	8:45-9:15		
Pike	9:30-10:00		
Parent/tot	9:30-10:00		
Eels	9:30-10:10		
Rays	9:30-10:10		
Inbetween	10:15-10:45		
Polliwog 1	10:15-10:55		
Polliwog 2	10:15-10:55		
Guppy	10:15-10:55		
Polliwog 2	11:00-11:40		
Minnow/Fish	11:00-11:40		
Adapted Swim	11:00-11:40		
Cost: \$56 member \$10 Late Fee registering the day class begins	\$81 Non-Member \$36 2nd Session \$46 Nonmember		

Participants Name: _____ Birth date: _____

Address: _____ Phone: _____

City, State: _____ Zip Code: _____

E-Mail Address: _____

Special Needs: _____

Medical Concerns: _____

I give my consent for the above registrant to participate in the above programs. I affirm that the general health of the participant is good, and that they have had a physical within the last calendar year and will not be affected by the physical requirements of the program. I understand that there are risks associated with this activity and I agree to hold the Rappahannock Area YMCA, Inc. harmless in case of an accident or injury. I have indicated on the line above any special needs or medical concerns that the YMCA should be aware of. I realize that they YMCA has the right to require a physician's approval to participate if the above registrant has medical conditions or special needs.

Parent's Signature: _____ Date: _____

I hereby give permission for the YMCA to take photographs and videos of the registrant above and use them publicly if they so desire.

Parent's Signature: _____ Date: _____