



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Swim Lessons MASSAD

Monday & Wednesday
1/9-2/1/17
2/13-3/8/17

Saturday
1/7-2/25/17

Mondays/Wednesdays		E-1	E-2
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 Morning		S-1
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:** _____