



**YOUTH/TEEN SWIM CLUB  
Registration Form  
CAROLINE FAMILY YMCA**

Y Staff

Date: \_\_\_\_\_

Amt Pd \_\_\_\_\_

Receipt# \_\_\_\_\_

Youth/Teen Swim Club is for kids ages 6-17, who are ready for a more challenging environment than swim lessons or want to prepare for a swim team. Practices will focus on endurance and stroke development. **You will be able to drop in to practice.** Come to as many or as few as you like! Passes must be purchased in packs of 5.

- Ages 6-10 need to pass Minnow
- Ages 11-17 need to pass the swim test

**PRACTICE SCHEDULE**

**September 12th-October 8th**

**October 24th-November 19th**

**December 5th-14th**

**COST PER 5 PACK**

**\$25 Member**

**\$35 Non-Member**

No Refunds.

Monday 3:30PM-4:30PM

Tuesday/Thursday 6:30PM-7:30PM

Saturday 9:00AM-10:00AM

**Contact Information:**

Heather Hale

Aquatics Director

hhale@family-ymca.org

804 448 9622 ext. 4021

# of 5-Packs \_\_\_\_\_

Amount Due: \_\_\_\_\_

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.

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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_