



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STRONG SWIMMERS CONFIDENT KIDS

GROUP SWIMMING LESSONS Spring Session 2018 MONTGOMERY COUNTY FAMILY YMCA

Register now for our new & improved group swimming lessons! We will fill the pool with fun while teaching our area youth the skills needed to be great swimmers. Swimming lessons are a great way for children to gain confidence and make friends.

When

Monday and Wednesday evenings for 8 classes beginning April 16th. Make sure your children are ready for the summer sun and SAFE AROUND WATER!

Times

Classes meet between 5PM-6:30PM
depending on skill level

Cost

- Members: \$45
- Potential Members: \$65
- 2ND Graders FREE



MONTGOMERY COUNTY FAMILY YMCA
101 East Cherry Street, Red Oak, IA 51566
P 712.623.2161 F 712.623.4920 www.MCYMCA.com
[Facebook.com/MontgomeryCountyFamilyYMCA](https://www.facebook.com/MontgomeryCountyFamilyYMCA)



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GROUP SWIM LESSONS

Spring 2018

PARTICIPANT INFORMATION

SWIMMER'S NAME: _____ DATE OF BIRTH ___/___/___
ADDRESS _____ GRADE _____ AGE _____ GENDER _____
CITY _____ ST _____ ZIP _____ SCHOOL _____
HOME PHONE _____ CELL _____ EMAIL _____
PARENT/GUARDIAN NAME: (IF UNDER 18) _____
MEDICAL CONCERNS _____

LESSON SELECTION

(Please circle one)

ATTENTION: Our swim lessons have changed. Please read through and select carefully. If you need clarification please ask the front desk and we will help guide you.

Will the student go underwater voluntarily?

NOT
YET

1/WATER
ACCLIMATION

Can the student swim 15 yards of front and back crawl?

NOT
YET

4/STROKE
INTRODUCTION

Can the student do a front and back float on their own?

NOT
YET

2/WATER
MOVEMENT

Can the student swim front & back crawl, & breaststroke across the pool?

NOT
YET

5/STROKE
DEVELOPMENT

Can the student swim 10-15 yards on his or her front and back?

NOT
YET

3/WATER
STAMINA

Can the student swim front & back crawl, & breaststroke across the pool and back?

NOT
YET

6/STROKE
MECHANICS

PARTICIPANT AGREEMENT

I hereby certify that the above is in normal health and is capable of safe participation in the YMCA swimming program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program unless otherwise provided for by the specific program. I hereby authorize the YMCA to obtain medical treatment in the event that the emergency contact cannot be reached.

I understand that the YMCA is not responsible for my child past program ending times.

For more information contact: Missy Stickland, mstickland@mcymca.com or 712-623-2161

Parent Signature _____ Date _____