



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LET'S SWIM TOGETHER

## PARENT TOT LESSONS Winter Session 2018 MONTGOMERY COUNTY FAMILY YMCA

Parents and children play games that introduce basic, introductory water skills such as blowing bubbles, breath control, kicking and floating. The class focuses on water orientation and encourages parents and babies to trust each other in the water.

### When

January 8th—February 26th, our program has gone through an upgrade and we are excited to get your children learning and loving the water.

### Times

Mondays at 5 for infants 6 mos. to 18 mos.

Mondays at 5:30 for toddlers 18 mos. To age 3

### Cost

- Members: \$45
- Potential Members: \$65



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



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# PARENT & TOT SWIM LESSONS

## Winter 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 check 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.

**Babies 6 mos. thru 18 mos.**  **A/WATER DISCOVERY** **Toddlers 19 mos. To 3 yrs.**  **B/WATER EXPLORATION**  
(Mondays - 5-5:30 PM) (Mondays 5:30 - 6 PM)

### 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 \_\_\_\_\_