



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Y Splash 2012

Spring Break Swim Lessons

March 5th–March 8th

(St. Lucie County Spring Break Week)

March 12th–March 15th

(Martin County Spring Break Week)

MONDAY-THURSDAY

YMCA Splash Swim Lessons!

Classes For All Ages And Ability Levels.

\$16 Memb / \$20 Non-Memb

Per week (includes 4 lessons)

*Friday each week is reserved for weather make-ups



PARENT/CHILD (6mo–36mo) M-TH 10:30 am -11:00 am
PIKE (3–5 yrs BEGINNERS) M-TH 10:30-11:00 am or 12:00 pm-12:30 pm
EEL (3–5 yrs INTERMEDIATE) M-TH 11:15 am -11:45 am
STARFISH (3–6 yrs ADVANCED) M-TH 11:15 am -11:45 am
POLLIWOG (6–14 yrs BEGINNERS) M-TH 9:30 am -10:15 am
GUPPY/MINNOW (6–14 yrs INT/ADV) M-TH 9:30 am -10:15 am
FISH (7–14 yrs ADV/Swim Team Prep) M-TH 12:00 pm -12:45 pm

YMCA of the Treasure Coast
Richard C. Geisinger, Sr. Branch

1700 SE Monterey Rd. Stuart, FL 34996

(772) 286-4444

www.ymcatreasurecoast.org

2012 Y SPLASH!

PLEASE PRINT LEGIBLY

Name: _____ Parent/Guardian Name: _____

Participant's Age: _____ Participant's DOB: _____ Gender: _____

Address: _____ City: _____ Zip: _____

Email: _____

Primary Phone # : _____ Secondary Phone # : _____

Emergency Name & Phone: _____
(Must be available during program hours)

REGISTRATION INFO

Level registering for: _____ Class Time: _____

Session Dates: ___3/26-3/31 (Y SPLASH!)_____ Cost: _____

AGREEMENT

MEDICAL/SAFETY POLICY

I hereby certify that I am / my child is in normal health and capable of safe participation in this program. I hereby authorize the YMCA to obtain medical treatment for me / my child in the event that I am not able or my emergency contact cannot be reached. I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my participation in YMCA activities.

CANCELLATION POLICY

I hereby understand that it is the policy of the YMCA that if cancellation occurs by the participant, it must be 48 hours before the session starts and the participant will receive credit on their account. Once a session starts, program fees are non-refundable except in cases of documented medical conditions. If the YMCA cancels a class due to inclement weather, a system credit will be issued per class to the participant's account.

SIGNATURE OF PARTICIPANT: _____ DATE: _____
(Parent/Guardian if under 18)

