



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# BE SAFE BE CONFIDENT HAVE FUN

SWIM, SPORTS & PLAY  
 MAY SWIM LESSONS  
 SANTIAM FAMILY YMCA

**Monthly Pricing**  
**Parent-Tot Session**  
**\$25/member**  
**\$35/non-member**

**PERS Session**  
**\$35/member**  
**\$45/non-member**

**Progressive/Adult Session**  
**\$45/member**  
**\$55/non-member**

**Tuesday & Thursday May 2nd - 25th**

PERS Level Classes	Times
Perch (Parent/Tot) (12 per class)	11:30 am
	5:00 pm
Pike/Eel (5 per class)	11:30 am
	4:30, 5:00, 5:30, 6:00 pm
Ray/Starfish (5 per class)	
	4:30, 5:00, 5:30, 6:00 pm
Progressive Level Classes	Times
Polliwog/Guppy (6 per class)	4:30, 5:10, 5:50 pm
Minnow/Fish (7 per class)	4:30, 5:10 pm
Flying Fish/Shark (8 per class)	5:50 pm
<b>Adult Classes</b>	<b>6:30</b>



Lesson Information

**Perch (Parent/Tot):** Ages 6 months to 3 years. Instructor/Student ratio is 1:12. Parent is in the water with the child with an Instructor guiding both parent and child through water comfort skills

**PERS Swim Lessons** Ages 3-5 years old. Instructor/Student ratio is 1:5. These lessons are designed with your preschooler in mind! Small Class sizes and individualized instruction for children. Students progress through four levels: Pike, Eel, Ray, Starfish. We will evaluate and find your child's level and advance them accordingly. Class specific information can be found at the front counter.

**Progressive Swim Lessons** Ages 6-14. Instructor/Student ratio is 1:6 for Polliwog and Guppy and 1:7 for Minnow and up. The progressive program is for older kids of all swimming abilities. Children progress through the following six levels: Polliwog, Guppy, Minnow, Fish, Flying Fish, Shark. We will evaluate and find your child's level and advance them accordingly. Class specific information can be found at the front counter.

**Adult Swim Lessons** Ages 15 and Up. Instructor/Student ratio is 1:8 The adult program is for people of all swimming abilities. Whether you are wanting stroke correction or learn to swim.

**Choose Class Time (check one)**

**MORNING LESSONS**

Parent-Tot 11:30-12:00

Pers (3-5 Y/O)

11:30-12:00

**EVENING LESSONS**

Parent-Tot 5:30-6:00

Pers (3-5 Y/O)

5:00-5:30

5:30-6:00

6:00-6:30

6:30-7:00

Progressive (6 & Up)

5:00-5:40

5:40-6:20

6:20-7:00

Adult

7:00-7:40

Participant Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female (circle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

NOTE: A parent or guardian must accompany the child and stay during the lesson

**Parents/Guardian Agreement**

**Consent Form-Please Read and Sign**

If known, child's current level (ex: Pike, Shark, Flying Fish etc.)  
\_\_\_\_\_

I realize that this and all Family YCMA of Marion and Polk Counties programs involve certain inherent risks, and regardless of precautions taken the YMCA or the participants, injuries may occur I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by other. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for YMCA promotions.

**Minor Medical Release and Consent Form**

As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the even of a medical emergency as deemed necessary by the attending physician.

CHILDREN UNDER THE AGE OF 13 MUST BE ACCOMPANIED TO AND FROM ALL YMCA PROGRAMS

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use:  
Rec'd By: \_\_\_\_\_ Payment type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Date: \_\_\_\_\_