



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LITTLE FISH SWIM LESSONS

Register for Baby Private Lessons this Spring!
Fall 1 Session Runs September 9th–October 27th

Registration opens August 12th for Members & August 19th for Non-Members

The Little Fish Swim Lessons are a designed program to help infants and babies (age 6 months– 3 years) get acclimated to the water, develop swim readiness skills and be safe around the water. Lessons are once a week for 7 weeks.

Parents are required to be *in the water* for at least the **first 2 classes** to make sure the child is in the water with someone they are comfortable with and then transition from parent-to-instructor.

Session Fee:

Members: \$225

Non-Members: \$350



For more information, contact:

Jessica Keavney, Aquatics Director (845) 643-3052

Brett Ilie, Assistant Aquatics Director (845) 643-3057





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Little Fish Swim Lessons Registration Form

You will receive an email or phone call confirming the receipt of this request and the status of your request.

No class is confirmed until registration is processed

Student Information:

Name: _____

Date of Birth: _____

Age: _____

Parent Information:

Name: _____

Cell Phone: _____

Email Address (Please print clearly): _____

Requested Day/Time

Monday:

____ Sept. 9 - Oct. 21— 3:30pm-4:00pm

Tuesday:

____ Sept. 10 - Oct. 22— 3:30pm-4:00pm

____ Sept. 10 - Oct. 22— 4:00pm-4:30pm

____ Sept. 10 - Oct. 22— 4:30pm-5:00pm

Wednesday:

____ Sept. 11 - Oct. 23— 3:30pm-4:00pm

____ Sept. 11 - Oct. 23— 4:00pm-4:30pm

____ Sept. 11 - Oct. 23— 4:30pm-5:00pm

Thursday:

____ Sept. 12 - Oct. 24— 3:30pm-4:00pm

Friday:

____ Sept. 13 - Oct. 25— 3:30pm-4:00pm

____ Sept. 13 - Oct. 25— 6:00pm-6:30pm

Saturday:

____ Sept. 14 - Oct. 26— 11:10am-11:40pm

____ Sept. 14 - Oct. 26— 11:40am-12:10pm

____ Sept. 14 - Oct. 26— 3:00pm-3:30pm

Policies:

You are allowed 1 make up lesson, but it **must be scheduled with the Aquatics Department in advance**. Please email JKeavney@rocklandymca.org for make ups.

Permissions:

____ I understand a parent or guardian 18 or older must accompany each swimmer for at least the first two classes and stay in the building for the entire lesson.

____ In the event that I, or my emergency contacts, are not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

____ The named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

____ In consideration of the named participant's participation in the activities of the Rockland County YMCA, I hereby agree to hold free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant's participation in any of the activities of the YMCA.

____ Yes, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.

I have read and will abide by the above stated policies and my signature confirms my acceptance.

Signature of Adult: _____

Date: _____