



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ROCKLAND COUNTY YMCA

GROUP SWIM LESSONS

Registration for Winter Session #2

March 4th – April 28th – Once a week for 8 weeks

Registration opens February 18th for members and February 25th for non-members

Monday

- Swim Starter A/B (6 months–3 years/ 1 caregiver)– 11:05– 11:35
- Preschool 1 & 2 (ages 3–5) – 4–4:30
- School Age 1 & 2 (ages 6–12)–4:30–5:15
- School Age 3 & 4 (ages 6–12)–5:15–6:00
- School Age 5 & 6 (ages 6–12)–6:00–6:45

Tuesday

- Preschool 1 & 2 (ages 3–5) – 4–4:30
- School Age 1 & 2 (ages 6–12)–4:30–5:15

Wednesday

- School Age 3 & 4 (ages 6–12) 4–4:45
- School Age 5 & 6 (ages 6–12) –4:45–5:30
- Adult Beginner (ages 13+) –5:30–6:15
- Adult Intermediate (ages 13+)–6:15–7:00

Friday

- Preschool 1 & 2 (ages 3–5) 4–4:30
- School Age 1 & 2 (ages 6–12) 4:30–5:15
- School Age 3 & 4 (ages 6–12) –5:15–6:00

Saturday

- Swim Starters A/B (6 months–3 years w/ 1 caregiver)– 10:00–10:30
- Preschool 1 & 2 (ages 3–5) – 10:35– 11:05
- Preschool 1 & 2 (ages 3–5) – 12:10– 12:40
- Preschool 3 & 4 (ages 3–5) – 12:45– 1:15
- School Age 1 & 2 (ages 6–12) – :20–2:05
- School Age 3 & 4 (ages 6–12)–2:10–2:55
- Adult Beginner (ages 13+)–3:00–3:45

Sunday (7 classes – no class on Easter)

- Swim Starters A/B (6 months–3 years w/ 1 caregiver)– 10–10:30
- Preschool 1 & 2 (ages 3–5)– 10:35– 11:05
- Adapted (ages 2–12) – 11:10– 11:40
- Preschool 3 & 4 (ages 3–5) – 12:10– 12:40
- School Age 3 & 4 (ages 6–12) – 12:45– 1:30
- School Age 1 & 2 (ages 6–12) – 1:35–2:20
- Preschool 1 & 2 (ages 3–5)–2:25–2:55
- School Age 5 & 6 (ages 6–12)–3–3:45



If you have any questions, please contact:

Jessica Keavney, Aquatics Director (845) 643-3052

GROUP LESSON REGISTRATION

Date of Request: _____

Are you a YMCA member? _____

Student Information:

Name: _____ Gender: _____

Date of Birth: _____ Age: _____

Registration Selection

Swim Class: _____ Day _____ Time: _____

Parent Information (if under age 18)

Name: _____

Daytime Phone: _____ Cell: _____

Email Address (Please print CLEARLY): _____

If this is your first swim lesson, please, BEFORE you register please speak to our Aquatic Director to find your level.

Session Fees:

Family Membership: \$95

Members: \$130

Non-Members: \$200

Sunday Session Fees:

Family Membership: \$84

Members: \$114

Non-Members: \$175

POLICIES - Progressive swim lessons are built on each prior lesson and it is important to attend all classes. There will be 1 make up allowed per session, but it must be scheduled with the Aquatics Department in advance. PLEASE BE ON TIME AND READY TO BE IN THE POOL WHEN YOUR CLASS STARTS - WE CANNOT ADMIT ANYONE MORE THAN 10 MINUTES LATE

PERMISSIONS

___ Yes, I understand a parent/guardian (18 or older) must accompany each swimmer and STAY IN THE BUILDING FOR THE ENTIRE LESSON.

___ Yes, in the event I, or my emergency contacts, am 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.

___ Yes, 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.

___ Yes, 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.

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

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

Signature of Adult: _____ Date: _____

Confirmation Information- YMCA Staff MUST fill this in

YMCA Staff Initials: _____ Receipt given? ___