



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

EVERYBODY IN THE POOL!



Special Needs Swim Class ROCKLAND COUNTY YMCA

Adaptive Swim Class—A specialized group swim lesson for children with developmental disabilities and their parent or caregiver. These classes will be offered in 6 week sessions on **Saturdays from 2:30-3.**

Parents and their children (ages 2– 12) will be in the water together and parents will learn how to work with their child to create a love of the water and good aquatic safety skills.

Fees:

Family Members \$95

Youth Member \$130

Adapted private lessons -specialized one on one swim lesson for children with developmental disabilities **Sundays from 11-11:30 in 6 week sessions.**

These slots are reserved for children ages 2-12 with developmental disabilities.

Fees

\$198 with all YMCA membership

**For more information
or to register
please call: 845-643-3052**



GROUP LESSON REGISTRATION

Date of Request: _____

Are you a YMCA member?: _____

Student Information:

Name: _____

Date of Birth: _____ Age: _____

Registration Selection

Swim Level/ Class: _____ Time: _____ Day: _____

Parent Information (if under age 18)

Name: _____

Daytime Phone: _____ Cell: _____

Email Address (Please print CLEARLY): _____

If this is your first swim lesson BEFORE you register please speak to our Aquatic Director to find your level. Our progressive swim lessons build on each prior lesson. Therefore, we highly recommend participants attend all lessons and we cannot offer make-ups classes.

Group Swim classes Fees:- 1 class per week for 7 weeks

*Family Membership: \$95 **

Members: \$130

Non-Members: \$200

POLICIES - Progressive swim lessons are built on each prior lesson and it is important to attend all classes. No makeup/ credit or refunds are offered for missed/cancelled clas- non-attendance for any reason does not entitle you to a refund or a make-up class

PLEASE BE ON TIME AND READY TO BE IN THE POOL WHEN YOU CLASS STARTS - WE CANNOT ADMIT ANYONE MORE THAN 10 MINUTES LATE

PERMISSIONS

___ 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 understand there are no makesups or credits.

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

Signature of Adult: _____

Date: _____

Confirmation Information

Session: _____

Class Time: _____

Special Information: _____

YMCA Membership verified?: _____

YMCA Staff Initials: _____ Paid: _____