



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

**Berkshire Family YMCA's PITTSFIELD BRANCH:
Swim Lessons Registration Form (Jan 8-Mar 2, 2019)**

Swimmer's Last Name: _____ First Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Age: _____ Male Female Y Membership Expire Date: _____

Name of Parents/Guardians:

Parent/Guardian: _____ Phone (H): _____ Phone (C): _____ Email: _____
Other Emergency Contact: _____ Phone (H): _____ Phone (C): _____

FAMILY MEMBER PRICING BELOW

\$25-preschool & \$40-youth

YOUTH MEMBER PRICING BELOW

\$35-preschool & \$50-youth

ADULT LESSONS PRICING

\$80 member for 8-week session, \$100 non-member & \$65 Family member

✓	Level	Day	Time	✓	Level	Day	Time
	Swim Starters (0-3 years)	SAT	8:30-9a		Swim Strokes- Level 3 (6-12)	SAT	10:30-11:00a
	Swim Basics- Level 1 (3-6)	TUES	4-4:30p		Swim Strokes- Level 4 (6-12)	TUES	4-4:45p
	Swim Basics- Level 1 (3-6)	THUR	4-4:30p		Swim Strokes- Level 4 (6-12)	THUR	4-4:45P
	Swim Basics- Level 1 (3-6)	SAT	9-9:30a		Swim Strokes- Level 4 (6-12)	SAT	9:45-10:30a
	Swim Basics- Level 2 (3-6)	TUES	4:30-5p		Swim Strokes- Level 5 (6-12)	TUES	4:45-5:30p
	Swim Basics- Level 2 (3-6)	THUR	4:30-5p		Swim Strokes- Level 5 (6-12)	SAT	9:45-10:30a
	Swim Basics- Level 2 (3-6)	SAT	10-10:30a		Swim Strokes- Level 6 (6-12)	SAT	10:30-11:15a
	Swim Basics- Level 3 (3-6)	TUE	5-5:30p		Adult Lessons- Beginner	TUES	6:00-7:00p
	Swim Basics- Level 3 (3-6)	THUR	5-5:30p		Adult Lessons Adv.Beginner	THUR	6:00-7:00p

Parents are asked to watch from the observation deck. There is **NO OPEN SWIM DURING SWIM LESSONS**
At least 2 children must be enrolled in a class for it to run. Class dates/times may change to accommodate enrollment.

WAIVER/RELEASE

- I certify that my child is in normal health and capable of participating in the Y's youth athletics. I do acknowledge the risk of injury is possible. I grant permission for my child to play and in doing so I hereby release all rights and claims for injuries and damages I may have against the Pittsfield Family YMCA, its board, managers, employees, officials, volunteers and coaches. If medical attention is required, I give my permission for such medical care when either the emergency contact person or I cannot be notified. I understand that the Pittsfield Family YMCA does not carry accident insurance on program participants.
- I agree the Y may photo or videotape my child and use it for its promotion.
- Parents are responsible for providing transportation for their child to/from this class.
- I support the Y program philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

MEDICAL CERTIFICATION

If your child has any allergies, asthmatic conditions or any hindrances that may affect his/her ability to participate, please list: _____

In witness thereof, I have executed this registration, waiver/release and medical certification form with full knowledge of its contents **on this date:** _____

Parent/Guardian's signature

Parent/Guardian Printed name



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