



"Get Into the Swim of Things!" YMCA SWIMMING LESSONS

Broadmoor YMCA - 215 Carroll St. - 318.674.9635 - ymcanwla.org/swimming

Swim Lesson Pricing:

- Y Family Members \$60;
- Non Y Members \$85
- Private Lessons \$30 (½ hour)

Group Lessons Include:

- Eight 45 minute lessons
- 2 weeks: Monday-Thursday
- Arranged by skill level, not age alone

**Financial Assistance available contact YMCA front desk **

GROUP OPTIONS:

Skipper w/ Parent: 6 mos.-3 years
-Promotes comfort in water

Skippers: 4-7 years
-Non/Barely swimmers

Progressive: 7-12
-Strong/Able swimmers

PLEASE CIRCLE A SESSION DATE AND TIME:

I. Monday June 1st-Thursday June 11th

<i>Skipper w/ Parent</i>	10:00AM	5:30PM		
<i>Skipper</i>	9:00AM	10:00AM	4:30PM	5:30PM
<i>Progressive</i>	9:00AM	10:00AM	4:30PM	5:30PM

II. Monday June 15th-Thursday June 25th

<i>Skipper w/ Parent</i>	10:00AM	5:30PM		
<i>Skipper</i>	9:00AM	10:00AM	4:30PM	5:30PM
<i>Progressive</i>	9:00AM	10:00AM	4:30PM	5:30PM

III. Monday June 29th -Thursday July 9th

<i>Skipper w/ Parent</i>	10:00AM	5:30PM		
<i>Skipper</i>	9:00AM	10:00AM	4:30PM	5:30PM
<i>Progressive</i>	9:00AM	10:00AM	4:30PM	5:30PM

IV. Monday July 13th-Thursday July 23rd

<i>Skipper w/ Parent</i>	10:00AM	5:30PM		
<i>Skipper</i>	9:00AM	10:00AM	4:30PM	5:30PM
<i>Progressive</i>	9:00AM	10:00AM	4:30PM	5:30PM



CHILD'S INFORMATION:

Name: _____ Sex: M or F DOB: ___/___/___ Age: _____
(last) (first) (mi)

PARENT'S INFORMATION:

Name: _____ Sex: M or F DOB: ___/___/___
(last) (first) (mi)

Address: _____ City: _____ State: _____ ZIP: _____

For communication purposes, please provide the following:

Email: _____ Cell Phone Number: (____) _____ - _____ Cell Phone Carrier: _____

RELEASE OF LIABILITY

I verify that I am the parent or legal guardian of the above participant and that she/he has my permission to participate in the YMCA programs/activities. I hereby authorize the staff and volunteers of the YMCA of Northwest Louisiana for my child to act according to their best judgment in any emergency, including those requiring medical or dental attention. I understand that the YMCA carries no medical, dental, or accidental insurance on participants, and I agree to assume full responsibility for any medical or dental treatment resulting from participation in the YMCA programs/activities. Participants and/or parents are expected to have adequate accident insurance to cover the participant. I understand and agree the above participant is voluntarily participating in the program at his/her own risk. I agree to assume full responsibilities for any damages or injuries to myself/him/her in YMCA programs and related activities. I hereby fully and forever exonerate and discharge the YMCA, its staff and volunteers, directors, officers, and agents from any and all claims, demands, damages, rights of action, present or future, whether the same be anticipated or unanticipated, resulting from or arising out of participation in YMCA programs or activities.

Parent/Guardian Signature _____

Date _____

Lori Beaty, Aquatics Director • 674-9635 • lorib@ymcanwla.org

Entered By: _____
Reviewed By: _____