



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FALL B swim lesson schedule: Monroe/Sky Valley Family YMCA

Fall B * Weekly for 8 weeks	Age	Level	Monday	Tuesday	Wednesday	Thursday	Saturday
Start week– October 31 End week– December 19 No class on November 24. Rates for Thursday classes are \$33.25 for Facility Members \$66.50 for Program Members \$38 Facility Member Registration opens October 23 at 6 pm \$76 Program Member Registration is October 25 at 12:01 am *Fish and Flying Fish , Shark are 45 minute classes. \$58 Facility Member \$116 Program Member Swim Team \$85 per month. You must be a facility member to join. See Swim Team flyer for more information.	6 months – 3 years	Perch	10:20 am	9:45 am 4:40 pm	10:20 am 5:15 pm	9:45 am	10:10 am
	3 - 5 Years	Pike	9:10 am 9:45 am 10:20 am 3:30 pm 4:05 pm 5:15 pm 5:50 pm	9:10 am 3:30 pm 4:05 pm 5:15 pm 5:50 pm	9:10 am 9:45 am 10:20 am 3:30 pm 5:50 pm	10:20 am 4:05 pm 5:15 pm	9:35 am 10:45 am
		Eel	9:10 am 3:30 pm 4:40 pm	10:20 am 3:30 pm 4:05 pm 5:15 pm	9:10 am	4:05 pm	
		Ray/ Starfish	9:45 am 4:40 pm	5:50 pm	9:45 am	9:10 am 5:50 pm	9 am
	6 -12 years	Polliwog	5:15 pm 5:50 pm	4:05 pm 5:50 pm		4:05 pm 4:40 pm	10:10 am 10:45 am
		Guppy	4:05 pm 5:15 pm	4:40 pm 5:15 pm	5:15 pm	5:15 pm 5:50 pm	10:10 am 11:20 am
		Minnow	5:50 pm	4:40 pm		4:40 pm 5:50 pm	9:35 am
	6 - 14 years	*Fish/ Flying Fish	4:05 pm	4:40 pm	4:05 pm	4:40 pm	11 am
		H.S. Beginner		10:55 am		10:55 am	
		H.S. Advanced		11:30 am		11:30 am	
	14+ Years	Adult/ Teen					9 am
	3+ years	Adaptive Swim		4:40 pm			
	6-14 years	Pre Comp	4 pm		4 pm		
	7 - 21 years	Swim Team	5 pm 6 pm		5 pm 6 pm		

Late Registration– Late registration may be done online or at Member Services through the first week of swim lessons. After that all registration needs to be approved by either the Aquatics Director or Coordinator

Transfers- Transfer requests can be filled out at Member Services and are subject to class availability. All transfers go through either the Aquatics Director or Coordinator.

Missed Lessons– We do not provide any make ups for missed lessons. If it is our fault the lesson is missed we will credit your account. Credits can also be arranged for lessons missed due to calamities such as a broken arm or surgery.

Credit or Refund– Program cancellation forms are available at Member Services. For a full credit or refund cancellation forms must be received before the second lesson. Credits go directly onto your YMCA account and may be used for program registration by anyone on the account at the branch only. Refunds take up to 4 weeks and will either be a mailed check or a credit card refund.



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Monroe/Sky Valley Family YMCA 14033 Fryelands Blvd Monroe WA 98272 T 360 805 1879 F 360 794 3869 ymca-snoco.org			REGISTRATION: Group Swim Lessons SESSION:FALL SESSION CODE: 16FAB
Participant 1	Participant 2	Participant 3	Office Use Only Amount Paid _____ Date _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> FA <input type="checkbox"/> Staff Discount <input type="checkbox"/> Gift Certificate <input type="checkbox"/> Credit Voucher (\$ _____) YMCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No (Give Program Access Card) Staff Name: _____ <div style="text-align: right;">Rev. 122710</div>
Level _____	Level _____	Level _____	
Class 1	Class 1	Class 1	
Time: _____	Time: _____	Time: _____	
Day: _____	Day: _____	Day: _____	
Class 2	Class 2	Class 2	
Time: _____	Time: _____	Time: _____	
Day: _____	Day: _____	Day: _____	
Class 3	Class 3	Class 3	
Time: _____	Time: _____	Time: _____	
Day: _____	Day: _____	Day: _____	

Participant #1 _____ M F Birth Date ___/___/___ Age ____ Grade ____

Participant #2 _____ M F Birth Date ___/___/___ Age ____ Grade ____

Participant #3 _____ M F Birth Date ___/___/___ Age ____ Grade ____

Does your child(ren) have any limitations or special medical or behavioral concerns that we should be aware of (*medication, allergies, or other*)? _____

Are you interested in being a volunteer? (coach, assistant coach, instructor)? Yes No

Parent/Guardian Name(s) _____

Address _____ City _____ Zip _____

Email _____ (Please print legibly)

Home Phone _____ Work/Cell _____

Emergency Contact _____ Relationship _____ Phone _____

Participation and Release of Liability

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the YMCA of Snohomish County and its branches. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, artwork, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Signature of Parent/Guardian: _____ Date: _____