



# ADAPTIVE SWIM LESSON REGISTRATION

STAFF USE ONLY	
<input type="checkbox"/> MEMBER	<input type="checkbox"/> NON-MEMBER
Paid Amount:	_____
Date:	_____
Staff initials:	_____

Swim Level: (Check) **BEGINNER** **INTERMEDIAL** **PROFICIENT**

Session Dates: \_\_\_\_\_ Day(s): \_\_\_\_\_ Time: \_\_\_\_\_

## Participant's Info:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant's Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

## Parent/Guardian's Info: (if applicable)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Parent's Date of Birth: \_\_\_\_\_

## Emergency Contact Info:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, and/or medical condition or handicap. However, the YMCA does reserve the right to refuse admission to anyone whose needs may require more attention or adaptation than the YMCA can safely provide. I agree to abide by the rules and regulations of this program as enforced by YMCA staff. I understand that the YMCA does not provide insurance coverage. I indicate that the information on this registration form is correct to the best of my knowledge and that the participant herein described has permission to engage in all program activities. I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its organizers, volunteers, supervisors, officers, directors, participants, and instructors from any claims or injury sustained during my participation in YMCA activities. I understand that registration must be accompanied by a completed form and payment and that there are no cash refunds unless the entire session is canceled.

If the YMCA cancels a swim lesson(s) for any reason, it will be rescheduled. The YMCA requires a minimum of a 12 hour notice if you cannot attend the group or private lesson you have scheduled. If you are 15 minutes late or more to a private lesson the instructor has the right to cancel the lesson, and you will still be charged for a lesson. We do not provide individual make-up lessons for those who miss due to vacation, birthday parties, etc. If you are unable to attend due to illness or emergency, you may receive credit towards a future session of lessons. \* Any lessons must be redeemed within 6 months. Registration cut off is 24 hours prior to class. Makeup sessions will be at the discretion of the Aquatics Director.

I have read, understand, and agree with the above statements.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Diagnosis? (Primary & Additional)**

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**Likes: (Songs, Characters, Shows, etc.)**

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**Dislikes:**

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**What, if any program activities, may be difficult for your child?**

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**How does your child communicate?**

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**Any stress triggers? (Sensory/Environmental)**

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**What comforts your child?**

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**What motivates your child?**

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**Do they have any behaviors that may interfere with swim lessons?  
If so, what are some successful strategies?**

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**Do they have any medical issues we should be aware of, such as Epilepsy?**

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**Any additional information**

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