



**\*\*Please note that there are no programs running on August 7\*\***

		YMCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's last Name		First Name		Date of Birth YYYY/MM/DD	
Address		City		Postal Code	
Name of Parent or Guardian		Phone Number (H)		Phone Number (W)(C)	
Emergency Contact		Phone Number (H)		Phone Number (W)(C)	
Email Address		Who may pick up you child?			
Child's Doctor		Doctor's Phone Number			
Medical Conditions and/or Behaviours			Medications to Administer		
I grant release to the YMCA the right to use photographs/video in which I and/or my child appears for the use of publicity brochures, newsletter, social media, annual reports or any other material promoting the YMCA. <input type="checkbox"/> Yes <input type="checkbox"/> No					
Parent Signature:			Date:		

Please check the box for the session(s) you wish to register for:

**Swim Lessons**

**Daytime Lessons**

			Level	Cost	Time
Session #1	July 3 – 13	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____
Session #2	July 17 – 27	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____
Session #3	July 31 – Aug 10**	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____
Session #4	August 14 - 24	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____

**Monday & Wednesdays (Evening)**

Session #1	July 3 – 26	<input type="checkbox"/>	_____	\$42.00/\$47.00	5:00pm or 5:30pm
Session #2	July 31 – Aug 28	<input type="checkbox"/>	_____	\$42.00/\$47.00	5:00pm or 5:30pm

**Tuesdays & Thursdays (Evening)**

Session #1	July 4 - 27	<input type="checkbox"/>	_____	\$42.00/\$47.00	5:00pm or 5:30pm
Session #2	August 1 - 24	<input type="checkbox"/>	_____	\$42.00/\$47.00	5:00pm or 5:30pm

**Private Lessons**

**Cost:** \$22.00 per lesson for private

\$12.00 per person per lesson for semi private

Date Booked: \_\_\_\_\_

Preferred Dates: \_\_\_\_\_

Preferred Time: \_\_\_\_\_

# of lessons: \_\_\_\_\_

Total cost: \_\_\_\_\_

Level to be taught: \_\_\_\_\_

Notes: \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_



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		YMCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's last Name		First Name		Date of Birth YYYY/MM/DD	
				Age	
Address			City		Postal Code
Name of Parent or Guardian			Phone Number (H)		Phone Number (W)(C)
Emergency Contact			Phone Number (H)		Phone Number (W)(C)
Email Address			Who may pick up you child?		
Child's Doctor			Doctor's Phone Number		
Medical Conditions and/or Behaviours			Medications to Administer		
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Parent Signature:			Date:		

**Aqua Fitness (Prices include tax)**

1 Class/Week  \$45.00    2 Classes/Week  \$90.00    3 Classes/Week  \$135.00  
 4 Classes/Week  \$180.00    5 Classes/Week  \$225.00

**Bronze Medallion/Cross/SFA (Prices include tax)**

Thursdays (July 7 - August 25)  \_\_\_\_\_ YM \$172.89                      5:00-8:00pm  
 NM \$218.09    Manual \$79.10

**YMCA Assistant Swim Instructor Course**

\_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Name: \_\_\_\_\_

Date: \_\_\_\_\_