



****Please note that there are no programs running on August 1****

		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. • Yes <input type="checkbox"/> No <input type="checkbox"/>					
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 4 – 14	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____
Session #2	July 18 - 28	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____
Session #3	August 2 – 12**	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____
Session #4	August 15 - 25	<input type="checkbox"/>	_____	\$42.00/\$47.00	_____

Monday & Wednesdays (Evening)

Session #1	July 4 – 27	<input type="checkbox"/>	_____	\$42.00/\$47.00	5:00pm or 5:30pm
Session #2	August 3 – 29	<input type="checkbox"/>	_____	\$42.00/\$47.00	5:00pm or 5:30pm

Tuesdays & Thursdays (Evening)

Session #1	July 5 - 28	<input type="checkbox"/>	_____	\$42.00/\$47.00	5:00pm or 5:30pm
Session #2	August 2 - 25	<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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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?		
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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 9 - August 27) _____ YM \$172.89 5:00-8:00pm
 NM \$218.09 Manual \$79.10

YMCA Assistant Swim Instructor Course (Prices include tax)

_____ Material \$15.00

Receipt # _____

Staff Name: _____

Date: _____