

YMCA OF CENTRAL FLORIDA | SWIM ACADEMY

BLANCHARD PARK YMCA

Monday/Wednesday

Y member \$75

Non-member \$150

May 1st–May 24th

Preschool

| | |
|---------|-----------|
| Stage 1 | 4:00/4:30 |
| Stage 2 | 5:15 |
| Stage 3 | 6:30 |

School Age

| | |
|------------|------|
| Stage 1 | 5:00 |
| Stage 2 | 6:00 |
| Stage 3 | 7:00 |
| Teen/Adult | 7:00 |

Tuesday/Thursday

Y member \$75

Non-member \$150

May 2nd–25th

Preschool

| | |
|---------|-----------|
| Stage 1 | 4:00/4:30 |
| Stage 2 | 5:15 |
| Stage 3 | 6:30 |

School Age

| | |
|------------|------|
| Stage 1 | 5:00 |
| Stage 2 | 6:00 |
| Stage 3 | 7:00 |
| Teen/Adult | 7:00 |

Saturday

Y member \$38

Non-member \$75

May 6th–27th

Preschool

| | |
|---------------|-------|
| Swim Starters | 9:30 |
| Stage 1 | 10:00 |
| Stage 2 | 11:15 |
| Stage 3 | 12:00 |

School Age

| | |
|------------|-------|
| Stage 1 | 9:00 |
| Stage 2 | 10:00 |
| Stage 3 | 11:00 |
| Teen/Adult | 12:00 |



YMCA OF CENTRAL FLORIDA SWIM ACADEMY

Participant: _____ DOB: _____ Age: _____ Gender: M / F Member: Yes / No

Address: _____ City/St: _____ Zip: _____

Parent/Guardian: _____ Email: _____ Phone #: _____

Parent/Guardian: _____ Email: _____ Phone #: _____

Emergency Contact: _____ Phone #: _____

Start Date: _____ Lesson Time: _____ Preschool OR School Age

Days (circle one): M/W T/TH SAT

Level (circle one): Swim starters Stage 1 Stage 2 Stage 3 Teen/ Adult

Waiver

I understand that the YMCA of Central Florida assumes no responsibility for injuries or illness which the participant may sustain as a result of his/her physical condition or resulting from his/her athletic activities, the aquatic program, the use on any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illnesses, which may result from my child's participation in these activities. I hereby release and discharge the YMCA of Central Florida, its agents, servant and employees from any and all claims for injury, illness, death and loss or damage which the participant may suffer as a result of his/her participation in these activities. I understand that the YMCA of Central Florida is not responsible for personal property lost or stolen while a member and/or program participant on Central Florida premises. I give my permission to the Central Florida YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or interpreting YMCA of Central Florida programs. **All registrations are final, and no refunds will be given once the first class has begun.**

Make-ups - We do not offer make-ups for illness or absences; we will only hold make-ups due to inclement weather. If your class is affected, you will receive notice by an aquatic staff member informing you of the make-up day and time. If you cannot attend that designated make-up there will not be another opportunity.

Acceptance - I acknowledge the waiver set forth above, and being in sympathy with the Mission Statement of the YMCA of Central Florida, agree to sign this waiver.

Signature: _____ **Date:** _____

Would you like to help support the Scholarship Fund with a donation? YES NO

----- FOR OFFICE USE ONLY -----

Amount paid: _____ Scholarship Amount: _____ Date: ___/___/___

Cash: _____ Credit _____ Check #: _____ Staff Initials: _____

Source Code: _____ Member #: _____

Please complete the registration form and return to the Membership Desk. Contact the Aquatics Department at the Blanchard Park YMCA at 407-381-8000, or e-mail sharp@cfymca.org