

YMCA OF BOULDER VALLEY
SWIMMING LESSON FORM
Mapleton Montessori School

PLEASE PRINT CLEARLY

Swimmer's Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Father's Name _____ Best daytime phone numbers to reach you:

Home _____ Work _____ Cell _____

Mother's Name _____ Best daytime phone numbers to reach you:

Home _____ Work _____ Cell _____

Emergency Contact _____ Phone _____

My child will attend: **Session 1** (6/13 - 7/1) **Session 2** (7/5 - 22) **Session 3** (7/25 - 8/12)

Swim Level: (please check one)

Pike: Preschool beginner level skills: Front and Back float with minimal assistance, comfortable fully submerging face in water, and front glide push off with minimal assistance.

Eel: Preschool intermediate beginner skills: Independent front and back float for 15 seconds. Swim on front and back 10 feet using arms and legs without assistance. Introduction to rhythmic breathing.

Ray: Preschool intermediate-advanced skills: Swim on stomach unassisted for 15 feet with rudimentary rhythmic breathing, swim on back unassisted for 15 feet using a flutter kick. Sitting dives and front somersault with assistance.

Starfish: Preschool advanced skills: Swim on stomach unassisted for 20 feet with rudimentary rhythmic breathing. Swim on back unassisted for 20 feet. Elementary backstroke 20 feet, kneeling dives, and front somersault without assistance.

My child is in good health and is capable of participating in the YMCA Swimming Program. I understand the potential risks of participation and hold harmless the YMCA, staff, director and volunteers from accidents resulting from participation. I authorize, in a medical emergency, after reasonable effort has been made to notify parents and emergency contact person, that a YMCA representative may seek emergency assistance at the parent's (guardian's) expense.

Signed _____ Date _____