



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LESSONS THAT LAST A LIFETIME

Teaching kids to swim for over 150 years  
Register for Summer Group Swim Lessons Today!

**June Session: Tuesdays & Thursdays, Beginning June 5**  
**Registration Deadline – June 1**

**July Session: Tuesdays & Thursdays, Beginning July 3**  
**Registration Deadline – June 29**

## Summer 2018 Class Times and Prices

Classes are Tuesday and Thursday afternoons during the time slots noted below.

**There must be at least 3 signed up for a class to take place.**

Group	Class Times	Member Fee	Potential Member Fee
Preschool (3-5yrs)	4:00-4:30	\$40	\$50
Youth 6-12yrs)	4:45-5:15	\$50	\$60

Question? Contact Matthew Hitechew, Aquatics Director;  
[matthewh@ymcaavery.org](mailto:matthewh@ymcaavery.org)

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WILLIAMS YMCA OF AVERY COUNTY  
436 Hospital Drive | PO Box 707, Linville, NC 28646  
Telephone (828) 737-5500 | Fax (828) 737-5504 [ymcaavery.org](http://ymcaavery.org)  
Swim Lesson Registration

## Swim Lessons Registration Form

Participant Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone Number(s): \_\_\_\_\_

Session: \_\_\_\_\_

(Example: April Session)

Class: \_\_\_\_\_

(Example: Pre-K)

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

(Example: 6:00-6:30)

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Male \_\_\_ or Female \_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Emergency Number \_\_\_\_\_

Medical Conditions/Special Needs \_\_\_\_\_

Please read and sign:

**WAIVER OF LIABILITY:** I fully assume and understand the risks of participating in Swim Lessons including death and injury due to falls, collisions with other participants, actions by hostile humans, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that I am physically fit to participate. I authorize program staff, suppliers, contractors, and anyone else connected with the organization of this program, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my participation in this program or the instruction I received.

**WAIVER FOR PUBLICITY:** I agree that images taken of me during this program may be used in any legal manner without payment to me. I have read and understand the terms of this document. I make this agreement and pay the program fee in exchange for the privilege of participating under the conditions of the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date