

YAQUATICS™

We build strong kids, strong families, strong communities.

Session Dates: September 15—November 1, 2008 *

Broome County YMCA
A United Way Agency

Aquatics Director: Chris Ambra, cambra@bcymca.com)

Cost: \$26.00-Members \$52.00 Non Members

SPECIAL NEEDS SWIM PROGRAM

Little Hoppers

ages 3 - 8 years

(01) Tuesday 6:30-7:00 pm

(02) Thursday 7:00-7:30 pm

Fantastic Frogs

ages 9 - 13 years

(01) Tuesday 6:30-7:00 pm

(02) Thursday 7:00-7:30 pm

Little Hoppers-For children 3-8 yrs with a parent or aide; with neurological, physical, or social challenges. It is a beginner swim program that focuses on introducing swimming readiness skills through song and games, developing a personal comfort level in the water and coordinating basic movements.

Fantastic Frogs-For children 9-13 yrs with a parent or aide; with mild to moderate neurological, physical or social challenges. It is a beginner swim program that focuses on introducing swimming readiness skills and developing a personal comfort level in the water. Instruction will also be based on the YMCA Swim Lesson Programs, 5 components of Personal safety, Personal Growth, Stroke Development, Water Sports and Games and Rescue.

BROOME COUNTY YMCA SWIM PROGRAM REGISTRATION FORM 2008

CHILD'S NAME: _____ AGE: _____ BIRTH DATE: _____ PROGRAM: _____ DAY: _____ TIME: _____

CHILD'S NAME: _____ AGE: _____ BIRTH DATE: _____ PROGRAM: _____ DAY: _____ TIME: _____

CHILD'S NAME: _____ AGE: _____ BIRTH DATE: _____ PROGRAM: _____ DAY: _____ TIME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAY TIME PHONE: _____ EVENING PHONE: _____ PARENT/GUARDIAN'S NAME: _____

EMERGENCY CONTACT: *Please list someone other than the person who will accompany the child to lessons.*

PERSON'S NAME: _____ PHONE: _____ RELATIONSHIP: _____

In consideration of your accepting this entry, I, the undersigned, intending to be legally bound, hereby for myself and my child, waive and release any and all rights and claims for damages I may have against the Broome County YMCA, their representatives, successors, and assigns, for any injuries suffered in the Y Swim Lesson Program.

Parent/Guardian Signature: _____ Date: _____

West Family Branch
740 Main Street
Johnson City, NY 13790
(607) 770-9622 ext. 106
Fax: (607) 729-4977