



# Fall Swimming Lessons at the YMCA of Central East Ontario Balsillie Family Branch

The YMCA of Central East Ontario Balsillie Family Branch will be offering YMCA swimming lessons for children and youth in the community at the Aylmer Street Location.

Lessons will be taught to children ages 6 months to 12 years of age.  
Please register for a time slot.

**Lessons are running Weekly from Jan 11- Apr 3, 2016**

**Mondays:**

4:00 – 4:30pm  
4:35 – 5:05pm  
5:10 – 5:40pm  
5:45 - 6:15pm  
6:20 – 6:50pm

**Thursdays:**

4:00 – 4:30pm  
4:35 – 5:05pm  
5:10 – 5:40pm  
5:45 - 6:15pm  
6:20 – 6:50pm

**Fridays:**

4:00 – 4:30pm  
4:35 – 5:05pm  
5:10 – 5:40pm  
5:45 - 6:15pm  
6:20 – 6:50pm

**Sundays:**

9:00 - 9:30am  
9:35 – 10:05am  
10:10 – 10:40am  
10:45 – 11:15am  
11:20 – 11:50pm

**Splashers and Bubblers - Parented:** (ages 6 – 36 months)

Mondays: 4:35 – 5:05pm  
Thursdays: 5:45-6:15pm  
Sundays: 9:35-10:05am

Thursdays: 5:10-5:40pm  
Fridays: 5:45-6:15  
Sundays: 11:30-12:00pm

Limited spaces available in all time slots. Spaces in lessons are available based on swimming level. Those who do not know their child’s swimming level will have to come in for an assessment before the session begins.

The cost is \$90 per participant per session.

Please complete the registration form on the back of this sheet and return to Camille McCue at the Curve Lake First Nation Health Centre by *Tuesday January 5th at noon.*

For more information please contact Cinette Ricketts, Aquatic Supervisor – YMCA Central East Ontario Balsillie Family Branch, 705-748-9642 ext. 227





# YMCA of Central East Ontario Registration Form: Swimming Lessons

Please Print *Only one name per form please*

Child's Given Name \_\_\_\_\_ Family Name \_\_\_\_\_

Birth date (yy/mm/dd) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Email address: \_\_\_\_\_

### Parent/Guardian 1

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Parent /Guardian 2

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Alternative Emergency Contact

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Lessons fill on a first come first serve basis please put down three options that you are able to do and we will do our best to accommodate participants.

### Spring Session

Option #1: \_\_\_\_\_

Option #2: \_\_\_\_\_ Swimming Level: \_\_\_\_\_

Option #3: \_\_\_\_\_

### Authorizations

In the unlikely event that the participant named above is injured or becomes seriously ill while with the YMCA swim instructors, and I cannot be reached, I authorize the YMCA senior staff to seek and authorize any and all hospitalization, medical, dental and/or surgical treatment deemed advisable by the circumstances. While every reasonable precaution is taken with YMCA programs, it is agreed that the YMCA and its staff and volunteers are released from all liability for injury to the above names participant or for loss or damage to personal property.

I grant the release to the YMCA the right to use photographs and/or video tape in which I and/or my child appears for the use in publicity brochures, newsletters, annual reports or any materials and articles promoting the YMCA, its programs and membership.

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_