

Y.W.C.A. SWIMMING LESSON REGISTRATION FORM

Student's Name: _____

Sex: _____ **Age:** _____

Phone (home): _____ **Phone (work):** _____ **Phone (cell):** _____

Parent/Guardian Name: _____
(to be completed if student is age 16 or under)

School: _____ **Class:** _____

Please answer the following questions about your swim level:

Can you swim: on your stomach or back? Yes _____ No _____

Can you float: on your belly? Yes _____ No _____ Not sure _____

on your back? Yes _____ No _____ Not sure _____

Can you put your head under water? Yes _____ No _____

On a scale of 1-10, please circle your comfort level in any water depth:

Afraid: 1 2 3 4 5 6 7 8 9 10 :Comfortable

Are you comfortable in deep water? Yes _____ No _____

Have you taken swim lessons before? Yes _____ No _____

If yes, with whom, when and at what level? _____

Do you have any medical conditions that could interfere with swimming? (for example, asthma)

Yes _____ No _____

If yes, please describe: _____

.....
I agree to allow my son/daughter to attend swimming lessons at the YWCA with his/her class. My child can _____ cannot _____ leave the premises on her/his own. If my child is not allowed to leave on her/his own, the following persons are authorized to pick her/him up.

Parent Signature: _____

Person authorized: _____ Tel.: _____
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PLEASE NOTE:

CLASSES WILL ONLY BE CANCELLED IN THE EVENT OF HEAVY RAIN, THUNDER AND/OR LIGHTNING.

****Parent/guardian signature required for ALL students participating in the Learn 2 Swim Programme prior to the first lesson****