



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY



# WEST COTTONWOOD SWIM LESSONS

6 months to 14 years

The reason the Y is referred to as “America’s Favorite Swim Instructor” is because we don’t just focus on swimming fundamentals but also on building self-confidence, making friends and nurturing the whole person - from the inside out. All non-potty trained children must wear a swim diaper.

Please see reverse for swim level descriptions. 5 classes per session; 30 minute classes.

**SESSION 1:** Monday – Friday, June 15 – 19

**SESSION II:** Monday – Friday, June 22 - 26

**COST:** \$30 per session / \$50 for both sessions (\$25/\$40 Y program participant)  
Y Financial Assistance available.

**LOCATION:** West Cottonwood School Pool, 20512 1st St, Cottonwood

**REGISTER:** Online at [www.sfymca.org](http://www.sfymca.org) or mail to Shasta Family YMCA, 1155 N Court St, Redding, 96001  
Registration deadline is the Friday before start of session. Sorry, no refunds.

**COMMUNITY OPEN SWIM: \$2/person. Monday – Friday, 12:30 – 2:30 p.m. Children 12 years and under must be accompanied by an adult 18+ years. Y lifeguards on duty.**

CLASS NAME: \_\_\_\_\_ SESSION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

PARTICIPANT’S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PARENT’S NAME: \_\_\_\_\_ PARENT D.O.B.: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_  MALE  FEMALE

### Shasta Family YMCA Program Waiver

I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to myself or my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for my welfare and safety, and that of my minor children, during Shasta Family YMCA activities and know that activities should only be engaged in by those in good health and that I should consult a physician before enrolling in a YMCA program. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me or if I am unable to give conscious permission. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to me in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes.

PARENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE: Date: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Staff Initial: \_\_\_\_\_