

YMCA Group Swim Lessons Grant

Participant Enrollment Form

Child's first name:	Child's last name:
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other_____	Child's DOB (mm/dd/yyyy): / /
Name of parent/guardian:	Phone Number:

Address:	City:	Zip code:
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Email: _____

Can your child jump into the water and safely exit the pool on his or her own? Yes No

Has your child ever had a swim lesson before? Yes No

Does your child qualify for free or reduced lunch at school? Yes No

Is your child new to the Y (i.e., has never participated in a Y program before)? Yes No

Child's race/ethnicity (optional):

<input type="checkbox"/> I do not wish to self-identify	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Some other race
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Two or more races
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Hispanic/Latino
<input type="checkbox"/> Asian	

How did you hear about this program?

<input type="checkbox"/> Y staff member/volunteer	<input type="checkbox"/> Media (TV, Web, radio, print, etc.)
<input type="checkbox"/> Friend/family member/word of mouth	<input type="checkbox"/> School
<input type="checkbox"/> Mailing/email communication	<input type="checkbox"/> Community-based organization
<input type="checkbox"/> Poster/flyer/Y event	<input type="checkbox"/> Other, please specify _____
<input type="checkbox"/> Y's website	

By checking this box, I am authorizing the Y to use photo and video/audio recording for promotional use only.

By checking this box, I understand that any medical expenses resulting from any illness or injury my child may incur while attending this YMCA program are my responsibility. I understand that the Marshall Area YMCA is not responsible for anything that may happen as a result of false information given by a parent or guardian.

The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data from your child's instructor.

I authorize and acknowledge that I have read, understand, and agree to the above.

Participant name (print)

_____ Parent/guardian signature	_____ Date
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Emergency contact _____	Phone number _____
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YMCA Name: _____

Lesson Location: _____

To ensure we find a class that fits your schedule, please number the top three class times that work for you from first choice to last "1", "2", "3". Be sure to consider the **Date**, **Age**, and **Level** for your child when marking your top three choices.

These classes will fill up. If you have qualified for the Swim Grant, to confirm your class time you can either speak with front desk staff when you turn in this form, or contact Jacob Benson at 507-532-9622 or email jbenson@marshallareaymca.org.

Summer Session 1	Time		Level 1	Level 2	Level 3	Level 4	Level 5/6
Date	9-9:45	Youth Age 6-15					X
June 7-18 Mon-Fri	10:00-10:30	Preschool Age 3-6					X
	10:50-11:20	Preschool Age 3-7					X
	11:30-12:15	Youth Age 6-15	X				

Summer Session 2	Time		Level 1	Level 2	Level 3	Level 4	Level 5/6
Date	9-9:45	Youth Age 6-15					X
June 21- July 2 Mon-Fri	10:00-10:30	Preschool Age 3-6					X
	10:50-11:20	Preschool Age 3-7					X
	11:30-12:15	Youth Age 6-15	X				

Summer Session 3	Time		Level 1	Level 2	Level 3	Level 4	Level 5/6
Date	9-9:45	Youth Age 6-15					X
July 12-23 Mon-Fri	10:00-10:30	Preschool Age 3-6					X
	10:50-11:20	Preschool Age 3-7					X
	11:30-12:15	Youth Age 6-15	X				

Summer Session 4	Time		Level 1	Level 2	Level 3	Level 4	Level 5/6
Date	9-9:45	Youth Age 6-15					X
July 26- Aug 6 Mon-Fri	10:00-10:30	Preschool Age 3-6					X
	10:50-11:20	Preschool Age 3-7					X
	11:30-12:15	Youth Age 6-15	X				

Summer Session 5 Saturdays	Time		Level 1	Level 2	Level 3	Level 4	Level 5/6
Date	9-9:45	Youth Age 6-15					X
June 5- July 31	10:00-10:30	Preschool Age 3-6					X
	10:50-11:20	Preschool Age 3-7					X
	11:30-12:15	Youth Age 6-15	X				

LEVEL 1 - WATER ACCLIMATION

This stage lays the foundation that allows for a student's future progress in swimming

LEVEL 2 - WATER MOVEMENT

Focus on body position and control, directional change and forward movement.

LEVEL 3 - WATER STAMINA

Students learn how to swim to safety from a longer distance than in previous stages in the event of falling into a body of water.

LEVEL 4 - STROKE INTRODUCTION

Develop stroke technique in front crawl and back crawl and learn the breaststroke kick and butterfly kick.

For more information please contact Director of Community Programs Jacob Benson at 507-532-9622 or jbenson@marshallareaymca.org.