



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Program Class or Lesson  
Please circle class

Shrimp      Pike      Eel      Polliwog      Guppy      Minnow  
Adult      Private  
Arthritis      Deep Water Impact      Aqua Combo      Hydro Mania  
Other

Weekday    Time: \_\_\_\_: \_\_\_\_ Session: \_\_\_\_\_

Saturday    Time: \_\_\_\_: \_\_\_\_ Session: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

Member or Potential Member

Reidsville Resident (live within city limits):    Yes    No

Email Address: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Emergency Contact Information

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_



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1. A minimum of 3 participants in GROUP lessons is required & a minimum of 5 participants is required to constitute an exercise class.
2. Cancellations and class combinations will be done at Aquatic Director's discretion.
3. The YMCA does not make-up classes if you are absent from your regularly scheduled class.
4. In the event of thunder or lightning the pool will close and will not re-open until 30 minutes after the last sight of lightning or sound of thunder.
5. In the event that the YMCA closes the pool for any reason you will be given a voucher for the class, which you can use toward your next session of program. No make-up classes are given. No refunds are given.

I have read and understand the swim lesson policy agreement.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about us?

Newspaper (specify) \_\_\_\_\_ Website \_\_\_\_\_ Program Flyer \_\_\_\_\_  
Other \_\_\_\_\_

For office use only

Date Registered \_\_\_\_/\_\_\_\_/\_\_\_\_ Registered By \_\_\_\_\_ Amount Paid \_\_\_\_\_