

**Hopkinsville/Christian County Family YMCA  
2015 Swim Lesson Registration Form  
"Minnow" – Stroke Development**

**Circle Choice of Class:**

Class #1 Monday – Thursday  
June 22 – July 2  
9:00 – 9:45 am

Class #2 Monday – Thursday  
July 20 – July 30  
9:00 – 9:45 am

**COST: \$50 – YMCA Members / \$65 – Non-Members (Maximum – 10 per class)**

**Non-Member signup begins April 15, 2015**

**Make-Up Days:** In case of holidays, inclement weather, pool conditions, illness of instructor, etc., Friday and/or Saturday will be used for "make-up" days. Time constraints will NOT allow days to be made up for participant's personal reasons.



**"Minnow" – Stroke Development**

**Class #:** \_\_\_\_\_

**Participant:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Parent(s):** \_\_\_\_\_

**Phone (h):** \_\_\_\_\_ **(w):** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone (h):** \_\_\_\_\_ **(w):** \_\_\_\_\_

**Email:** \_\_\_\_\_

<b>YMCA USE ONLY</b>
Receipt # _____
___ cash ___ check ___ cr card
Amount Paid: \$ _____

**Please read and sign:**

I do hereby declare the above listed participant physically sound and having medical approval to participate in the above listed YMCA swim class. I do hereby authorize to hold the Hopkinsville/Christian County Family YMCA, its respective officers, employees, and volunteers, free from any and all liability and do hereby waive, release, and forever discharge any rights and claims for injuries or damages incurred.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

**Return form with payment to:**  
Hopkinsville/Christian County Family YMCA, Inc.  
7805 Eagle Way  
Hopkinsville, KY 42240