



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

STRONG SWIMMERS CONFIDENT KIDS

SWIM LESSONS

Our aquatics department offers swim lessons for all skill levels and ages. Instruction starts at 8 months with the Swim Starters program (accompanied by a parent) and progresses to the Swim Strokes program. Instruction progresses from creating a comfort in the water to the specific instruction involved with the development of strokes.

Each participant will be taught to their own swimming level regardless of swim time. It is strongly recommended that any young swimmer be tested before registration for our Swim Stroke course.

SWIM STARTERS: (8 MO. - 3 YRS) Accompanied by a parent, infants and toddlers learn to be comfortable in the water and develop swim readiness skills through fun and confidence- building experiences, while parents learn about water safety, drowning prevention, and the importance of supervision.

SWIM BASICS: (3 YRS. - 5 YRS.) Students learn personal water safety and achieve basic swimming competency by learning two benchmark skills:

- Swim, float, swim-sequencing front glide, roll, back float, roll, front glide, and exit
- Jump, push, turn, grab

SWIM STROKES (5 YRS. - 12 YRS.): Having mastered the fundamentals, students learn additional water safety skills and build stroke technique, developing skills that prevent chronic disease, increase social-emotional and cognitive well-being, and foster a lifetime of physical activity.

COST: Y-Members: \$35.00 / Y Non-Members: \$50.00

MONTHLY SESSION INFORMATION : Each session is offered Tuesday and Thursday for the month for a total of 8 lessons.

Student to instructor ratio of 5:1

4:00 p.m., 4:30 p.m., 5:00 p.m., 5:30 p.m., 6:00 p.m., 6:30 p.m.

WEEKLY SESSION INFORMATION: Each session is Monday - Friday, 30 minutes/lesson.

Student to Instructor ratio of 3:1

5:00 p.m. and 5:30 p.m.

Sessions are offered annually. For specific dates visit ymcasanangelo.org or contact the Welcome Center at 325.655.9106

Aaron Byrd

Aquatics Director

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AQUATICS PROGRAM REGISTRATION

Participant Name: _____ D.O.B. _____ Age: _____

Address: _____

Cell Phone: (____) _____ YMCA Member: YES NO

Cell Phone Carrier: _____

Parent's Name: _____ Cell Phone: _____

Phone Carrier: _____

Parent's
Email: _____

Emergency Contact: _____ Phone: _____
(other than Parent)

Are there any special conditions that the YMCA and instructors need to know about the participant?

Class you are registering for? (Please circle one)

Swim Starters Swim Basics Swim Strokes

Swim Club Lifeguard Certification Other _____

Session: _____ Time: _____

REFUNDS: Full refunds are available only upon cancellation of the program. Should a refund be requested prior to the first meeting, a \$5 service fee will be assessed. Refunds will not be issued for reasons related to COVID-19 such as required quarantine, illness, etc.

WAIVER: I hereby, for myself and my agents, waive and release any and all rights and claims which I may have, or which may accrue against the San Angelo YMCA and it's respective officers, agents, sponsors or any employees for any injury which may be suffered in connection with my child's participation in this activity. I hereby acknowledge that this program provides no insurance and my own insurance may be used in case of an accident or any illness due to participation in said program.

PHOTO RELEASE: Additionally, in consideration for being allowed to participate in YMCA membership and programs, I understand that images, video and film footage is often used by the YMCA of San Angelo for promotional purposes. For my participation in activities to be conducted by YMCA of San Angelo hereby give my permission and consent, now and for all time, to YMCA of San Angelo, The National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) and third parties collaborating with YMCA of San Angelo to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience at YMCA of San Angelo for publication, display, or exhibition thereof in promotions, advertising and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

Parent/Guardian Signature

Date