



# WALDO COUNTY YMCA SWIM LESSON REGISTRATION

Is the participant a current WCY Member (circle):  
Annual      3 Month      No

If so, circle the type: Family   Single Parent Family   Youth

Received date: \_\_\_\_\_ Time: \_\_\_\_\_ Who: \_\_\_\_\_  
Member ST#: \_\_\_\_\_

OFFICE USE ONLY

**SWIMMER'S NAME:** \_\_\_\_\_

Address \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: M / F / Rather not say / Additional Identity \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ (In case of an emergency we will attempt to contact parents/caregiver first).

**Medical Conditions/ Concerns:** \_\_\_\_\_

Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctors Phone: \_\_\_\_\_

**Mother/Caregiver:** \_\_\_\_\_ Same address/phone as above? Yes No

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

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Father/Caregiver:** \_\_\_\_\_ Same address/phone as above? Yes No

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

Please check the box for which swim lesson stage for which you are registering. Unsure which class? See page 2 for a swim stage selector and details on each stage.

## SWIM STARTERS

A | WATER DISCOVERY/  
B | WATER EXPLORATION

## SWIM BASICS

1 | WATER ACCLIMATION  
 2 | WATER MOVEMENT  
 3 | WATER STAMINA

## SWIM STROKES

4 | STROKE INTRODUCTION  
 5 | STROKE DEVELOPMENT  
 6 | STROKE MECHANICS

### WE ARE HERE TO HELP! Financial Assistance Application

The WCY offers a 50% reduction of program fees for individuals and families whose gross household income is under \$30,000 per year. If greater financial assistance is needed, or gross household income is greater than \$30,000 per year, applications will be reviewed case-by-case. Please complete the following information and Membership Director, Jonathan Susee will contact you to discuss options further.

Applicant Name(s): \_\_\_\_\_ Do you qualify for reduced school meals (please circle) Y / N

Applicant's Employer: \_\_\_\_\_ Secondary Applicant Employer: \_\_\_\_\_

Number of Dependent Children in Family: \_\_\_\_\_ Ages: \_\_\_\_\_

Please briefly explain specific circumstances that support your request for financial assistance: \_\_\_\_\_

I understand that a YMCA staff member will review this request. The above information is true and I also understand that I am responsible for notifying the Waldo County YMCA as to any change in my financial status.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Are you new to Y Swim Lessons or unsure which stage is best for you or your child? The following information can help:

- The Swim Lesson Selector Card provides a quick overview to help you understand the program and the interactive Stage Selector Tool below guides you through an easy assessment to help you quickly determine what swim class to take. If you are unsure, please contact Aquatics Director, Jensen Sheafe to ensure the best swim stage placement.

## SWIM STARTERS (Parent & Child), ages 6 month – 3 years

Accompanied by a parent/guardian, infants and toddlers learn to be comfortable in the water and develop swim readiness skills through fun & confidence building experiences, while parents learn about water safety, drowning prevention, and the importance of supervision.

**A | WATER DISCOVERY** Stage A will introduce infants and toddlers to the aquatic environment through exploration and encourage them to enjoy themselves while learning about the water.

**B | WATER EXPLORATION** In stage B, parents work with their children to explore body positions, floating, blowing bubbles, and fundamental safety and aquatic skills.

## SWIM BASICS

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

**1 | WATER ACCLIMATION** In stage 1, students develop comfort with underwater exploration and learn to safely exit in the event of falling into a body of water. This stage lays the foundation that allows for a student’s future progress in swimming.

**2 | WATER MOVEMENT** In stage 2, students focus on body position and control, directional change, and forward movement in the water while also continuing to practice how to safely exit in the event of falling into a body of water.

**3 | WATER STAMINA** In stage 3, 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. Rhythmic breathing and integrated arm & leg action are also introduced.

## SWIM STROKES

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.

**4 | STROKE INTRODUCTION** Students in stage 4 develop stroke technique in front crawl and back crawl and learn the breaststroke kick and butterfly kick. Water safety is reinforced through treading water and elementary backstroke.

**5 | STROKE DEVELOPMENT** Students in stage 5 work on stroke technique and learn all major competitive strokes. The emphasis on water safety continues through treading water and sidestroke.

**6 | STROKE MECHANICS** In stage 6, students refine stroke technique on all major competitive strokes, learn about competitive swimming, and discover how to incorporate swimming into a healthy lifestyle.

### ASK THESE QUESTIONS TO SEE WHICH STAGE THE STUDENT IS READY FOR (see description for each class below)?

Can student respond to verbal cues and jump on land?

NOT YET **A | WATER DISCOVERY**

Is student comfortable working with an instructor without the parent/caregiver in the water?

NOT YET **B | WATER EXPLORATION**

Will student go underwater voluntarily?

NOT YET **1 | WATER ACCLIMATION**

Can student do a front and back float on his or her own?

NOT YET **2 | WATER MOVEMENT**

Can student swim 10 - 15 yards on his or her front and back?

NOT YET **3 | WATER STAMINA**

Can student swim 15 yards of front and back crawl?

NOT YET **4 | STROKE INTRODUCTION**

Can student swim front crawl, back crawl and breaststroke across the pool?

NOT YET **5 | STROKE DEVELOPMENT**

Can student swim front crawl, back crawl, and breaststroke across the pool and back?

NOT YET **6 | STROKE MECHANICS**

# Waldo County YMCA Participant Waiver



NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. Read this document carefully and in entirety. By signing this agreement, you give up your right to bring a court action to recover compensation or obtain any other remedy for any personal injury or property damage however caused arising out of your participation in Waldo County YMCA Programs, now or at any time in the future.

In consideration for being permitted to utilize the facilities, services, and programs of the Waldo County YMCA (hereinafter referred to as "YMCA") for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersign, whether caused by negligence of the releasees of otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.

THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.

THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Maine and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

As applicable per program participation:

√ I hereby authorize the employees of the YMCA to call emergency medical assistance and/or perform basic first-aid procedures that are necessary in the judgment of the YMCA. I hereby authorize qualified medical personnel to administer necessary anesthesia and medical treatment in the event of an accident. I understand that I am encouraged to discontinue any activity at any time I feel unable to continue.

√ I hereby authorize the YMCA to use photos and/or videos in promotional activities.

I hereby authorize the YMCA to opt my email address in for the current mailings.

√ I hereby authorize the employees of the YMCA to administer medication. Important: medications can only be administered with the medication in the prescription bottle. Without the Physicians name and prescription on the label we cannot administer medications.

√ I hereby authorize the employees of the YMCA to assist in the application of Sun Block when necessary.

√ I hereby authorize the qualified employees (over the age of 21) of the YMCA to transport by bus or personal vehicle.

√ I hereby grant my child permission to attend field trips with the YMCA during the school year. Information will be sent home prior to each trip.

**Coronavirus / COVID-19 Warning & Disclaimer:** Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a mean to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in Waldo County YMCA programs or accessing Waldo County YMCA facilities could increase the risk of contracting COVID-19.** Waldo County YMCA in no way warrants that COVID-19 infection will not occur through participation in Waldo County YMCA programs and activities of accessing Waldo County YMCA facilities.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I Have Read This Release**

**PLEASE Print Name of Participant:** \_\_\_\_\_

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

Signature of Applicant: \_\_\_\_\_

Parent/Guardian Signature Necessary if participant is under age 18

Print Name: \_\_\_\_\_