





# Fairfield YMCA Registration: Half Day Swim School

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Age Group A: 3-5 years old

Age Group B: 6-10 years old

## Group A AM 3-5 yrs

PLEASE CHECK DAYS/WEEKS	Member (M) Pricing vs. Program Participant (PP) Pricing	
<input type="checkbox"/> WEEK 1: June 1 - June 5	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 2: June 8 - June 12	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 3: June 15 - June 19	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 4: June 22 - June 26	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 5: June 29 - July 3	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 6: July 6 - July 10	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 7: July 13 - July 17	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 8: July 20 - July 24	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 9: July 27 - July 31	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 10: August 3 - August 7	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 11: August 10 - August 14	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 12: August 17 - August 21	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP
<input type="checkbox"/> WEEK 13: August 24 - August 28	<input type="checkbox"/> \$185M	<input type="checkbox"/> \$260PP

## Group A PM 3-5 yrs

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### REGISTRATON/PAYMENT INFORMATION

I understand that a TWO WEEK WRITTEN NOTICE (May 18) prior to the program start date June 1 is REQUIRED TO WITHDRAW FROM THIS PROGRAM. A \$50 non-transferable, non-refundable fee will be retained upon withdrawal or transfer of weeks for all non-medical reasons. Any non-medical requests beyond May 18 will result in a total loss of program fees.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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Age Group B: 6-10 years old

## Group B AM 6-10yrs

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Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



**CENTRAL CONNECTICUT COAST YMCA  
Fairfield YMCA Half Day Swim School  
Authorizations & Acknowledgements**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

**Parent/Legal Guardian Authorizations & Acknowledgements**

\_\_\_\_ (initials) I understand there are risks associated with activities and programs in which my child is a participant. I hold the Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation.

\_\_\_\_ (initials) I hereby give permission for my child to participate in all activities (including walks and field trips) that are part of the program.

\_\_\_\_ (initials) I agree to arrange for my child to be picked up from the program if they become ill or misbehaved and to keep the child home until their condition is considered safe and appropriate for participation.

\_\_\_\_ (initials) I hereby give my consent for my child to participate in activities that involve water and recreational swimming while under the supervision of the YMCA staff or their representatives where it applies.

\_\_\_\_ (initials) I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the events of an accident. I understand that all precautions will be taken to ensure the safety and health of my child.

\_\_\_\_ (initials) I also grant permission for photographs taken of my child while in programming to be used for publicity and promotional purposes.

\_\_\_\_ (initials) I, as a client of the YMCA, will be held responsible for the full program fees.

\_\_\_\_ (initials) I understand that the Site Location, the Y branch and the Central Connecticut Coast YMCA are not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the facilities, on the premises, or involved in Y programs.

By signing this document, I affirm that I am the person legally responsible by law to make decisions for the well-being of the above named child.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_