



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# 32nd Annual WATER SAFETY WEEK REGISTRATION FORM

June 4-7, 2018



Free to any child that has completed grades K-6. Free Parent/Child class available for 3-5 year olds. Registration forms may be mailed or brought into the Sidney-Shelby YMCA at 300 Parkwood St., Sidney, OH 45365. **No confirmations will be sent.**

**Please PRINT and please fill out one form PER child.**  
**ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS THE REGISTRATION.**

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ School \_\_\_\_\_

Child's Birthdate (MM/DD/YYYY) \_\_\_\_\_ First-time SPLASH attendee?  Yes  No

Current Swimming Ability (check one)

Nonswimmer  Beginner  Intermediate  Advanced

Class Time Desired: Please be prompt. Lateness cuts into your "SPLASH" time.

- |   |   |
|---|---|
| <input type="checkbox"/> 9:00 - 9:45 AM                   | <input type="checkbox"/> 2:00 - 2:45 PM                 |
| <input type="checkbox"/> 9:45 - 10:30 AM                  | <input type="checkbox"/> 2:45 - 3:30 PM                 |
| <input type="checkbox"/> 10:30 - 11:15 AM                 | <input type="checkbox"/> 5:45 - 6:30 PM                 |
| <input type="checkbox"/> 11:15 - 11:45 AM Parent & Child* | <input type="checkbox"/> 6:30 - 7:00 PM Parent & Child* |
|   | <input type="checkbox"/> 7:00 - 7:45 PM                 |

\*(Child must be 3-5 years old, not completed Kindergarten, and parent must get in water with child.)  
**Classes are assigned on a first come, first served basis.**

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Birthdate (MM/DD/YYYY) \_\_\_\_\_

Has your child participated in a YMCA Program before?  Yes  No

I am interested in helping as a volunteer.  Yes  No

My child is in good health and may participate.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

