



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA WATER SAFETY WEEK REGISTRATION FORM

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 Water Safety Week attendee? Yes No
 Current Swimming Ability (check one)
 Nonswimmer Beginner Intermediate Advanced

Class Time Desired: Please be prompt. Lateness cuts into your Water Safety Week 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, potty trained, have not yet 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

