

# BUILDING CONFIDENCE WITH EVERY STROKE



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

**Stage 1 /Water Acclimation** - Students develop comfort with underwater exploration and learn to safely exit the pool.

**Stage 2 /Water Movement** - Students focus on body position and control, directional change and forward movement in the water.

**Stage 3/Water Stamina** - Students learn how to swim to safety from a longer distance. Rhythmic breathing and integrated arm and leg action are introduced.

**Stage 4/Stroke Introduction** - Students develop stroke technique in front and back crawl and learn the breaststroke and butterfly kick.

**Stage 5/Stroke Development** - Students work on stroke technique and learn all major competitive strokes.

**Stage 6/Stroke Mechanics** - Students refine stroke technique on all major competitive strokes, learn about competitive swimming, and discover how to incorporate swimming into a healthy lifestyle.

## WEEKDAY LESSONS

**Session # 1 - 6/29/20-7/9/20**  
**Registration Starts Member 6/15/20**  
**Registration Starts Non Mem 6/22/20**  
**\$64/\$88**

**Session # 3 - 7/13/20-7/23/20**  
**Registration Starts Member 6/29/20**  
**Registration Starts Non Mem 7/6/20**  
**\$64/\$88**

**Session #5 - 7/27/20-8/6/20**  
**Registration Starts Member 7/13/20**  
**Registration Starts Non Mem 7/20/20**  
**\$64/\$88**

### Evening Lessons

Preschool Stage 1&2: 4:00-4:30pm

Preschool Stage 3&4: 4:35-5:05pm

School Age Stage 1&2: 5:10-5:40pm

School Age Stage 3&4: 5:45-6:15pm

School Age Stage 5&6: 6:20-6:50pm

## SATURDAY LESSONS

**Session # 2 - 7/11/20-8/1/20**  
**Registration Starts Member 6/15/20**  
**Registration Starts Non Mem 6/22/20**  
**\$32/\$44**

**Session #4 - 8/8/20-8/29/20**  
**Registration Starts Member 7/25/20**  
**Registration Starts Non Mem 8/1/20**  
**\$32/\$44**

### Morning Lessons

Preschool Stage 1&2: 9-9:30am

Preschool Stage 3&4: 9:35-10:05am

School Age Stage 1&2: 10:20-10:40am

School Age Stage 3&4: 10:45-11:15am

School Age Stage 5&6: 11:20-11:50am

## PRIVATE, SEMI-PRIVATE & DIVERSE ABILITIES LESSONS

Individualized instruction, 30 minute lessons with one of our instructors. Instructors will work with you to develop a personalized program for swimmers of any age or ability. Please complete a request form at the membership desk.

### Brooks Family YMCA

151 McIntire Park Drive,  
Charlottesville, VA 22902

P 434-974-9622 W [piedmontymca.org](http://piedmontymca.org)

# YMCA SWIM LESSON REGISTRATION FORM

Please print legibly. Form must be fully-completed, with payment, to ensure proper registration.

Member Number (back of key tag) \_\_\_\_\_

Primary Member \_\_\_\_\_

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

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

Parent/Guardian's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Phone \_\_\_\_\_ Primary Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Class	Day	Time	Session

**REGISTRATION OPTIONS:**

- Mail your completed registration form, including payment, to the Brooks Family YMCA
- Drop your completed registration form, including payment, to the Brooks Family
- Register online at [piedmontymca.org](http://piedmontymca.org)

Payment (circle one)   E-MEMBER\*   CASH   CHECK   CREDIT CARD

\*Current credit card drafting member or credit card information on file. Only signature required below.

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Waiver**

I hereby certify that my child is in good health and capable of safe participation in this YMCA program. I understand that the Crozet YMCA assumes no responsibility for any possible injuries or illness sustained as a result of my child's participation in any athletic program, sport or activity and that I assume all risks thereof. I hereby authorize the Crozet YMCA to obtain medical treatment for my child in the event that the above parent contact(s) cannot be reached. I hereby release and discharge the Crozet YMCA its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which my child may suffer as a result of his/her participation in these activities. I understand that the Crozet YMCA is not responsible for personal property lost or stolen while members and/or program participants are using the Crozet YMCA facilities and/or are on Crozet YMCA premises. I give the Crozet YMCA permission to print, publish and display pictures of my child, without limitation, in order to promote Crozet YMCA programs. By signing below, I agree to all of the terms and conditions as set forth in this Waiver,

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Office Use**

Date Received \_\_\_/\_\_\_/\_\_\_ Date Processed \_\_\_/\_\_\_/\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_