BUILDING CONFIDENCE
WITH EVERY STROKE

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
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

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______