

YAVAPAI SWIM SCHOOL

PURPOSE:

Create fun and safe environment for children to become water savvy. Students will develop correct stroke techniques and build skills for lifelong benefits.



COST:

\$33.00/session (6 lessons) for Levels I-V

CONTACT PERSON:

Fay Matsumoto Phone: 776-2228

Email: fay_matsumoto@yc.edu

Mail Registration to:

Fay Matsumoto, HPER

Yavapai College

1100 E. Sheldon St. Prescott, AZ 86301

SESSIONS:

All sessions are on Saturday

Oct. 10 - Nov. 14



TIMES:

9:40 - 10:10AM

10:20 - 10:50AM

LEVELS: Lessons are organized by age for initial registration. Instructors may reassign students to another level to best benefit them to their ability level.

Teacher/Student Ratio

I	3 yrs	Water Exploration	1:4
II	4 & 5 yrs	Primary Skills	1:4
III	6 & 7 yrs	Stroke Readiness	1:6
IV	8 & 9 yrs	Stroke Development	1:6
V	10 & 11 yrs	Stroke Refinement	1:7



FILL OUT BOTH FORMS BELOW AND SUBMIT WITH YOUR PAYMENT. PLEASE PRINT.

REGISTRATION FORM

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Age _____ Levels (circle level of child's participation) I II III IV V

Parent/Guardian Name (s) _____

Fee Enclosed _____ (\$33.00)

Session – Oct. 10 - Nov. 14

TIMES: 9:40 - 10:10am

10:20-10:50am

(Check time desired)

Make check payable to: Yavapai College

Mail Check and Registration/Medical Release forms to:

Yavapai College HPER, 1100 E. Sheldon St. Prescott, AZ 86301

MEDICAL RELEASE FORM

Please complete form in its entirety and sign.

Participant's General Health _____ Insurance Company _____

Current Medications _____ Insurance Company Address _____

Drug Sensitivities _____ Name of Policy Holder _____

Allergies _____ Policy Number _____

Preferred Local Physician _____ Physician's Phone # _____

I hereby agree that I will not hold Yavapai College, the Board of Directors/Trustees and/or Yavapai Swim School, its instructors and employees responsible for any loss, damages or personal injury incurred as a result of participation. I hereby authorize the Instructors and Assistants to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician (if necessary) and I will assume all cost(s) related to such treatment. I authorize my insurance company to pay benefits to the Yavapai Regional Medical Center. Also, I authorize the disclosure of medical information to my insurance company for the purpose of claim. I give my child permission to participate in Yavapai Swim School. _____(Parent/Guardian Initial)

Parent or Guardian Signature _____ Date _____

Yavapai
Swim
School



Swim School
YAVAPAI COLLEGE
HPER
1100 E. Sheldon Street
Prescott, AZ 86301