



# Spring Swim Clinic

**April 15 – May 23**

**Monday/Thursday**

**Ages 5-6 (5pm-5:30pm)**

\$70 Members & \$100 Non-Members  
(Limited to 10 Swimmers.)

**Ages 7-10 (5:30pm-6:15pm)**

\$90 Members & \$120 Non-Members  
(Limited to 20 Swimmers.)

**Ages 11-18 (6:15pm-7pm)**

\$90 Members & \$120 Non-Members  
(Limited to 20 Swimmers.)



YWCA offers Swim Clinics where the Coach will give each swimmer the special attention to elevate their swimming skills.

We will focus on diving and racing starts, turns for all strokes, freestyle, backstroke, butterfly, or breaststroke to help your child improve his/her swimming skills! Your child will be grouped with other swimmers of similar age and ability.

**Prerequisites include:** Ability to swim the freestyle stroke 100 yards non-stop (4-full lengths of the pool). Ages 5-18.

**Location:** YWCA Central Carolinas Pool: 3420 Park Road Charlotte, NC 28209

**Questions:** Please contact Jeff Nerret: [aquatics@ywcacentralcarolinas.org](mailto:aquatics@ywcacentralcarolinas.org)

- Turn over for Registration Form -

eliminating racism  
empowering women  
**ywca**  
Central Carolinas  
Sarah Belk Gambrell Fitness Center



# Swim Clinic Registration Form

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**(Visit [www.ywacentralcarolinas.org](http://www.ywacentralcarolinas.org) for online registration)**



**Swimmer's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Guardian/Emergency Contact + Phone:** \_\_\_\_\_

### **How did you hear about us?:**

- Facebook/Instagram Post
- Word of mouth/friend: \_\_\_\_\_
- Front Lawn Banner/Sign
- Local Business (We'd like to thank them! Please specify): \_\_\_\_\_
- Google Search
- Community Newsletter: (Please specify): \_\_\_\_\_
- Other: \_\_\_\_\_
- Ask the front desk about a 4-Day Visit Pass and try out our gym!** ☀

### **Waiver/Consent Form**

I hereby sign myself up to participate in the YWCA program and agree to release the YWCA Central Carolinas, and instructors, from any claims that may arise from injuries suffered during the program. Further, I authorize the YWCA Central Carolinas to provide emergency treatment for illness or injury if qualified medical personnel consider the treatment necessary and perform treatment. I consent to the release of photos of the participant for marketing purposes. Registering for this course adds me to the YWCA email and mailing distribution list. I understand I may opt out at any time. Practices will not be made up due to inclement weather. **I acknowledge the prerequisites to participate and attest that I meet all requirements.**

**Guardian Signature:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

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### **YWCA STAFF ONLY**

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ CC \_\_\_ Cash \_\_\_

Date: \_\_\_\_\_ Employee's name: \_\_\_\_\_ Entered In EZ: \_\_\_\_\_

**3420 Park Road • Charlotte, NC 28209 • p: 704-525-5770 • f: 704-521-9684 • [www.ywacentralcarolinas.org](http://www.ywacentralcarolinas.org)**