

Registration Form Summer 2016 CHS LiveWELL Swimmers

This program is open to any Carolinas HealthCare System teammate who is interested in learning how to swim and become more comfortable in the water. The American Red Cross certified teachers will work with teammates in a group setting. A lifeguard will be on duty and a YWCA Fitness Membership is not required. Ask the front desk about the FREE 4-day fitness guest pass!

Participants should arrive a few minutes early for the first class to sign in, pay for the class, and/or utilize childcare, if it is available. Please be ready to swim at 6pm. The Front Desk Team will direct you to the locker rooms and pool deck.

Cost: \$25

Location: YWCA Central Carolinas • 3420 Park Road Charlotte, NC 28209 • 704-525-5770

Class size: Minimum of 5; Maximum of 10

YWCA Child Care: *Hours:* Monday – Friday: 9am – 12pm • Monday – Wednesday: 5pm – 7pm

Fees: (purchase at the front desk)

\$5 per child for two hours (\$2.50 per hour!) • \$50 for 10 visits (punch card)

Age Range: 6 months to 12-years-old.

Registration Requirements: Complete the back of this registration form and CHS LiveWELL Swimmer Questionnaire. Both forms and total payment are required to register for the class. **Registration closes one week prior to the first class session.**

LEVELS: **Please indicate LEVEL and SESSION on the back of this form.*

BEGINNER LEVEL (5-6pm)

Session 1: (no class 7/1) Friday afternoons, Jun 10-Jul 15, 2016

Session 2: Friday afternoons, Jul 29-August 26, 2016

Level Description:

Participants will learn basic aquatics skills and swim strokes. Instructors will teach skills and concepts needed for maintaining safety in and around water, as well as personal survival techniques in the case of an aquatic emergency

INTERMEDIATE LEVEL (6-7pm)

Session 1: (no class 7/1) Friday afternoons, Jun 10-Jul 15, 2016

Session 2: Friday afternoons, Jul 29-August 26, 2016

Level Description:

Participants will refine front crawl, back crawl, and breaststroke strokes, and build endurance. Instructors will teach skills and concepts needed to stay safe in and around water.

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Waiver and Release of Claims

The participant recognizes that there are potential risks of injury, disability or death, arising from physical activity that are not in the YWCA of the Central Carolinas' control and for which the YWCA of the Central Carolinas has no responsibility. Participant knowingly and voluntarily waives and releases any claim against the YWCA of the Central Carolinas of whatever kind and nature that now exists or may in the future exist because of the participant's physical activity either at the YWCA of the Central Carolinas or at another location. This waiver and release of claims is for the benefit of and shall protect the YWCA of the Central Carolinas, the officers and directors, its employees and others that may be charged with the YWCA of the Central Carolinas' liabilities. The YWCA of the Central Carolinas recommends that the Participant obtain the advice of a physician or other qualified medical person before beginning his/her use of the YWCA of the Central Carolinas. The Participant recognizes that the YWCA of the Central Carolinas does not assume any responsibility for his/her physical condition and shall not be held liable for a failure to secure a medical certificate or independently determine the Participant's physical condition or ability to sustain physical activity.

***The registration form and payment must be turned in at the same time to confirm your space in the class.**

Employer (department/location of CHS): _____

Employee 6-digit ID Number: _____

***Level(s):** _____ ***Session(s):** _____

Name: _____ **Date of Birth:** ____/____/____

Address: _____

City, State, Zip: _____

Email Address: _____

Home phone: _____ **Work phone:** _____

Cell phone: _____ **Best way to contact:** _____

Signature: _____ **Today's Date:** _____

Emergency contact information

Name _____

Address _____

Day Phone (_____) _____ **Evening Phone** (_____) _____

****To register, please turn this form and the CHS LiveWELL Swimmers Questionnaire with payment to the YWCA front desk. Registration closes one-week prior to the first session.***

YWCA STAFF ONLY: Amount paid: \$ _____ Check # _____ CC ___ Cash ___

Entered in EZ: (Circle): YES NO

Entered in Excel: (Circle): YES NO **(Front Desk Coordinator Only)**

Today's Date: _____ Employee name: _____