

SWIMMING IS FUN-DAMENTAL



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

HANOVER AREA YMCA
After School Bus-In Swim Program
PARK HILLS ELEMENTARY SCHOOL (Grades K-5)
Dates: WEDNESDAYS, February 21, 28, March 7, 14 and 21.

Itinerary:
2:30 p.m. - Bus will pick-up participants at school dismissal
3:15 p.m. - 40 min swim lesson and 5 min of free swim
4:15 p.m. - Parents may pick-up at Hanover YMCA
4:45 p.m. - Parents may pick-up at school

COST: \$65.00 made payable to: Hanover Area YMCA (includes transportation and program registration)

REGISTRATION:

- Registrations will only be accepted at any of the Hanover YMCA location until Monday, February 19, 2018.
- For changes to your registration information, please contact Tammy Shore, Aquatic Director @ 632-8211 or tshore@hanoverymca.org.
- All requests for financial assistance must be received no later than Wednesday, February 7, 2018.

ATTIRE:

- Children should bring suit and towel on day of swimming class, long hair must be pulled back.
- For safety purposes, jewelry is not permitted. Please leave valuables at home.
- The YMCA is not responsible for lost or stolen items.

TRANSPORTATION AND PICK-UP POLICIES:

- Please designate exactly two individuals* who are permitted to pick-up your child(including the child's parent(s)). No one else will be permitted to pick-up your child. If you need to change the pick-up person, you MUST send a handwritten note with your child or call Tammy Shore, Aquatic Director or Maureen Edelin, Transportation Coordinator at 717-632-8211.
- Designated pick-up person MUST be prepared to show photo ID when picking up a child from YMCA Bus-In Program.

PARK HILLS ELEMENTARY SCHOOL WEDNESDAY (K-5)

I do hereby give my consent for _____ to participate in the Hanover Area YMCA Bus-In Swim Program. I understand that my child will be leaving the school by YMCA bus and that I must pick him/her up at the YMCA. I also understand that every precaution will be taken and do hereby release the Hanover YMCA, its directors, agents and employees of all responsibility and liability for loss or injury to his/her person or property.

Please indicate your preference: _____ My child will take the bus back to school _____ My child will be picked up at the Hanover YMCA

CHILD'S NAME		PHONE
ADDRESS		DATE OF BIRTH
MOTHER/LEGAL GUARDIAN	FATHER/LEGAL GUARDIAN	HOME PHONE/ CELL PHONE
EMPLOYER NAME		BUSINESS PHONE
EMERGENCY CONTACT PERSON(S)		PHONE
*FIRST PICK-UP PERSON	* SECOND PICK-UP PERSON	PHONE
SPECIAL DISABILITY OR MEDICAL CONDITION		ALLERGIES
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTACE BENEFITS		POLICY NUMBER (REQUIRED)

This health information is correct to the best of my knowledge and the person therein has permission to engage in all activities, except as noted by me or my physician. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Aquatics staff to hospitalize and provide treatment to the person therein. I understand that I will be responsible for payment of all medical expenses related to injury(s) sustained during my child's participation in this program.

Signature of Parent or Guardian

Date