



YOUNG WOMEN'S CHRISTIAN ASSOCIATION

Cor. Freetown Road and St Thomas Street
Belize City, Belize C.A.
Tel: 223-4971 WhatsApp: 627-2348
Email: bzeywca@gmail.com

Check us out on Facebook: ***YWCA-BELIZE*** **YWCA Swimming Registration Form 2025**

Monday, Tuesday & Friday

Cost: \$100.00

Student's Name: _____ Sex: Female Male

Address: _____ Age: _____ D.O.B. _____

Parent/Guardian Name: _____

(to be completed if student is age 16 or under)

Phone: (home) _____ (work) _____ (cell) _____

For classes during the summer program, please tick the time and cycle you would prefer:

Cycle 1

7th July – 25th July

6 – 12 years

9:00 am – 10:00 am

or

10:15am – 11:15am

13 – 17 years

1:00 pm – 2:00 pm

or

2:15 pm – 3:15 pm

Cycle 2

4th August – 22nd August

6 – 12 years

9:00am – 10:00am

or

10:15am – 11:15am

13 – 17 years

1:00 pm – 2:00 pm

or

2:15pm – 3:15 pm

Saturdays Only

5th July – 30th August

2 – 5 years 9:00 am – 10:00 am

Adults: 10:15 am – 11:15 am

Please answer the following questions about you swim level by putting a tick in the appropriate box.

Can you float on your belly? Yes No Not sure

Can you float on your back? Yes No Not sure

Can you put your head under water? Yes No Not sure

Are you comfortable in deep water? Yes No Not sure

Have you taken swim lessons before? Yes No

If yes, with whom and at what level? _____

Do you have any medical conditions that could interfere with swimming? Yes No

If yes, please describe _____

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I agree to allow my son/daughter to attend swimming lessons at the YWCA at the above time. My child can/cannot leave the premises on her/his own. If my child is not allowed to leave on her/his own, the following persons are authorized to pick her/him up.

Person authorized: _____ **Telephone:** _____

Person authorized: _____ **Telephone:** _____

Please Note:

CLASSES WILL ONLY BE CANCELLED IN THE EVENT OF THUNDER/LIGHTNING

Signature: _____ Date: _____

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For administrative use only

Amount Paid: _____

Date Paid: _____

RCR: _____