HOME SCHOOL PE
YMCA OF SPRINGFIELD
2019–2020 SCHOOL YEAR
September 11–December 18
12:45p—2:30p

Child’s Name: ___________________________________________ Birth Date: ________________ M  F
Address: ________________________________________________ City: ____________________ Zip: _____________

Please register my child(ren) for the following program:

<table>
<thead>
<tr>
<th>Number of Children</th>
<th>15 Week Member Price</th>
<th>15 Week Public Price</th>
<th>5 Week Member Price</th>
<th>5 Week Public Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Child</td>
<td>$90</td>
<td>$130</td>
<td>$30</td>
<td>$44</td>
</tr>
<tr>
<td>2 (±) Children</td>
<td>$155</td>
<td>$195</td>
<td>$52</td>
<td>$65</td>
</tr>
</tbody>
</table>

Motion Skills Block
- Week 1 Movement
- Week 2 Jumps
- Week 3 Dance
- Week 4 Balance
- Week 5 Tumbling

Sport Skills Block 1
- Week 6 Throwing
- Week 7 Catching
- Week 8 Dribbling (Hands)
- Week 9 Dribbling (Feet)
- Week 10 Combo Skills

Sports Skills Block 2
- Week 11 Volley
- Week 12 Striking
- Week 13 Shoot the Hoop
- Week 14 Create a Game Pt. 1.
- Week 15 Create a Game Pt. 2.

Each week participants will be divided into two groups. Half will swim first and participate in games second. The other half will participate in games first and swim second.

For Office Use Only: SAP19 Branch 2 Date_____ Amount_____ Staff_____
Additional Children

Name: __________________________ Date of Birth: _______________________ M F
Name: __________________________ Date of Birth: _______________________ M F
Name: __________________________ Date of Birth: _______________________ M F
Name: __________________________ Date of Birth: _______________________ M F
Name: __________________________ Date of Birth: _______________________ M F

Emergency Contacts

Name: __________________________ Name: ____________________________
Phone Number: ___________________ Phone Number: ___________________
Relationship: _____________________ Relationship: ___________________

Medical Information

Hospital/Clinic Preference: _____________________________________________
Physician’s Name: _____________________ Phone Number: __________________
Allergies: __________________________________________________________

I have reported all pertinent health information. I allow the YMCA to seek emergency care for my child if required. I also grant the YMCA permission to use photographs of my child in promotional material such as brochures, ads, websites, or newspaper releases. I will not be informed or reimbursed for such photographs.

It is the goal of Homeschool PE that all students interact and contribute positively in group activities. I understand that behaviors which create situations or conditions where the safety and well-being of my child or any other person including other children, YMCA staff, or associated personnel are compromised may result in immediate and sustained suspension of all or some privileges, enrollment or activities.

Parent’s/Guardian’s Signature: ___________________________ Date: ____________

Homeschool Swim Lessons

45 min. long group swim lessons by skill level
Thursday mornings 10:45-11:30am at the Downtown Branch
For more information contact Tara Bosaw at (217)503-5280