HOME SCHOOL PE
YMCA OF SPRINGFIELD
2019–2020 SCHOOL YEAR
January 8–April 15
12:45p–2:30p

Child’s Name: ___________________________ Birth Date: __________ M F
Address: ___________________________ City: ______________________ Zip: __________

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

- 1 Child - 15 Week Member Price $90
- 1 Child - 15 Week Public Price $130
- 1 Child - 5 Week Member Price $30
- 1 Child - 5 Week Public Price $44
- 2 (+) Children - 15 Week Member Price $155
- 2 (+) Children - 15 Week Price $195
- 2 (+) Children - 5 Week Price $52
- 2 (+) Children - 5 Week Price $65

Cooperative Games (Wks 1–5)
Using the skills we learned in the fall, let’s play games incorporating teamwork, listening, strategy, and following directions.

Throwing/Kicking Games (Wks 6–10)
Let’s move outdoors and focus on catching, volleying, and striking skills.

Fitness (Wks 11–15)
Time to test our endurance and challenge ourselves with fitness competitions.

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: SAP20 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

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