



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

KEARNY YMCA 2019 FEBRUARY SESSION



PRESCHOOL 3-5 YEARS

Pike (Beginner): Children learn basic paddle stroke, kicking skills, safety, and flotation.

Tuesday/Friday: 6:05-6:45

Eel (Adv. Beginner): Children build on their Pike skills and begin to swim independently.

Tuesday/Friday: 6:05-6:45

Ray: (Adv): Children will swim without a flotation device.

Tuesday/Friday: 6:05-6:45

YOUTH LESSONS 6-13 YEARS

Goggles are Required

Polliwog (Beginner): For those with little or no swimming skills. Children will learn to perform paddle stroke on front/side/ back for 25 yards with flotation device and 15 yards independently. Personal safety and rescue is introduced.

Tuesday/Friday: 6:50-7:30, 7:35-8:15

Guppy: For those who have passed the Ray or Polliwog class. Children will learn how to perform the freestyle and backstroke with proper technique.

Tuesday/Friday: 6:50-7:30, 7:35-8:15

Minnow: Will swim 25 yards freestyle, backstroke, breaststroke, and sidestroke independently. Rotary breathing, diving, float for 1 minute, and safety are taught.

Tuesday/Friday: 6:50-7:30, 7:35-8:15

TEENS & ADULTS 13+ YEARS

Beginner:

For adults, who have little or no swim experience seeking to learn the fundamentals of swimming.

Tuesday/Friday: 8:20-9

Registration:
You must register in person at Lincoln School Pool on 1/25/19 from 6:00pm to 8:00pm. If you miss the registration date you can also register on the first day of class.

Payment by MASTERCARD, VISA, AMERICAN EXPRESS are accepted.
Credit Card Preferred

For more information
email Mporter@newarkymca.org or call
(973) 624-8900 ext. 6853
(973) 624-8900 ext. 6893 (Spanish)
Classes will be held at Lincoln School Pool in Kearny. Lincoln School Pool is located at the intersection of Kearny Ave and New Lawn Ave

Program fee (Tuesday/Friday) \$105 (8 classes)
Classes are twice a week from January 29th to February 22nd

SPACES ARE LIMITED

KEARNY 2019 FEBRUARY SWIM PROGRAM REGISTRATION

Participant Name: _____ DOB: _____ Class: _____ Day: _____ Time: _____

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Parents: Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____ Email: _____

Signature: _____

I give permission to the YMCA to photograph me and my children for publicity purposes.
The YMCA may print and/or display pictures taken by and for the association. (Initial) _____

YMCA of Newark and Vicinity, 600 Broad Street, Newark, NJ 07012, 973-624-8900