



Backyard Pool Program

Dear Pool Owner,

Welcome to the 2011 Backyard Pool Program. The National Capital Region YMCA-YWCA would like to thank you for considering participating in the Backyard Pool Program (BYP) this summer. Over the past 30 years we have been committed to providing accessible aquatic programming to families and youth within the region.

The BYP is a mobile water safety and instructional swim program that brings the Y's qualified team of swim instructors to your own pool to deliver a nationally recognized swim program for children and youth over 3 years of age.

We provide a fun, stimulating learning environment using the YMCA National Swim Program standards, while integrating the Y core values - caring, honesty, respect and responsibility - into an instructional setting. The BYP is committed to increasing the number of children exposed to water safety in outlying areas. Our team consists of 1 supervisor and a minimum of 2 qualified instructors.

The BYP begins July 4 and is available Monday to Friday from 9:00 am - 5:00 pm.

Included in this package are the tools and information you will need for Summer 2011 Registration:

- **Pool Host Responsibilities**
- **How to Get Your BYP Program Set Up**
- **Pool Host Information Form**
- **Participant Registration Form**

We look forward to hearing from you.

Sincerely,

Samantha Wilson

Aquatics Coordinator

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www.ymcaywca.ca



NATIONAL CAPITAL REGION YMCA-YWCA
STRENGTHENING
the **HEART** of our
COMMUNITY
CAPITAL CAMPAIGN



Backyard Pool Program

POOL HOST RESPONSIBILITIES:

- Provide a safe, clean, and comfortable learning environment where the deep end of the pool is visible from 10 meters away
- Ensure there is a designated indoor instructional area for dry instruction
- Have participants outside the pool area upon arrival and departure of the instructors
- Maintain optimal pool chemistry

Chlorine: Chlorine level is recommended to be between 1.0 – 3.0. If the chlorine is below 1.0, dry lessons will be given. This is for health reasons. Tip – Extra children and sunny days use up chlorine quite rapidly. We suggest shocking your pool Sunday night to help maintain the chlorine level. You might need to repeat this during the week

pH: The pH level is recommended to be between 7.4 – 7.6

- Maintain the pool temperature above 80°F to achieve maximum child participation. The Backyard Pool Program is not responsible for lack of participation due to pool or outdoor temperatures
- Provide access to an emergency phone
- Provide access to a washroom for children and instructors

REFUND POLICY

Refunds are not provided for time lost due to substandard pool quality* and unforeseen circumstances, such as inclement weather. We will offer indoor programming when thunderstorm conditions exist

* Chemical imbalances, poor visibility, not maintaining correct pool temperature

HOW TO GET YOUR BYP PROGRAM SET UP:

1. Complete the Registration Package and hand out participant registration forms to parents of children in your neighbourhood that you would like to invite for the lessons.
2. When choosing your lessons, determine the week(s) that suit your summer availability. We recommend suggesting two different weeks for your potential families to choose from. A time frame may be requested, but the lesson time will ultimately be determined by geographic location.
3. Ensure you have met the instructor to swimmer ratio standards:

PROGRAM	RATIO
L'il Dippers (3 to 6 years)	1 instructor : 5 swimmers
Learn to Swim (6 to 12 years)	1 instructor : 9 swimmers
Star Program (6 to 15 years)	1 instructor : 12 swimmers
Jr. Youth Master (6 to 14 years)	1 instructor : 15 swimmers

* A 10 swimmer minimum is required to send the BYP instructors to your backyard pool

4. Call us to confirm the availability of the chosen week(s). We will hold your reservation for 5 business days. To confirm your week(s), please mail to us the completed "Pool Host Information Form" along with a deposit of \$50 per time slot/week. To hold your reservation, we must receive your completed package within 5 business days
5. Collect the completed registration forms (one per child) and the payment from each participant. It is the pool host's responsibility to collect payment from participants. It is our preference to accept one payment from the pool host
7. Please submit all the completed forms and payment to us by June 1st, 2011



YMCA-YWCA
We build strong kids,
strong families, strong communities.

Backyard Pool Program Pool Host Information Form

(To be completed by BYP host organizer)

The staff of the Backyard Pool Program are excited about visiting your pool.
To help us better prepare, please complete the following information and return it with your deposit to reserve your week(s).

POOL HOST INFORMATION

First Name: _____ Last Name: _____

Address of Pool: _____

Phone: (Home) _____ (Cell) _____

POOL INFORMATION

Pool is: Above ground Inground Dimensions of your pool are: _____ feet long by _____ feet wide

The deep end of your pool has a depth of _____ feet

Please indicate your pool's shape:



Rectangular



Circular



Oval



Kidney



Clover

Other (please draw a picture of your pool in the space above)

When you do your chemical tests, your results are often:

Chlorine levels: below 0.5 0.5 - 1.0 1.0 - 1.5* 1.5 - 2.0 above 2.0

pH levels: below 7.2 7.2 - 7.4 7.4 - 7.6* 7.6 - 7.8 above 7.8

The bottom of your pool is visible from 10m away Yes* No

*Optimum levels are indicated with an asterisk. If your chlorine, pH levels and visibility are not within optimal levels, please refer to the guidelines and responsibilities form and refund policy. TIP - Have the chlorine at 3.0 for the first day. All the extra children use up lots of chlorine.

Pool temperature is usually _____°F

Pool's primary heating source is: Heater Solar blanket Chemicals (Fish) Solar heater Not heated

SESSION PREFERENCES

Number of sessions requested: _____ (Please note that 1 session consists of 5 lessons in a week)

Indicate session date preferences by ranking the following dates where 1 equals your first choice (maximum of 3 choices)

___ Jul 4-8 ___ Jul 11-15 ___ Jul 18-22 ___ Jul 25-29 ___ Aug 2-5* ___ Aug 8-12 ___ Aug 15-19 ___ Aug 22-26

* Fee for the week of Aug 2-5 prorated for 4 days

Indicate time preference by ranking the following options where 1 equals your first choice ___ am ___ pm ___ either

PAYMENT INFORMATION

Amount of Deposit \$ _____
(minimum \$50 per time slot/week)

Method of payment

Visa Mastercard Amex Cheque

Amount of Balance Due \$ _____

(Due June 13, 2011 or at time of registration if after June 13, 2011)

Method of payment

Visa Mastercard Amex Cheque

Credit Card #: _____ Expiry Date: _____

Name of Cardholder: _____

Signature of Cardholder: _____

Signature: _____ Date: _____

FOR OFFICE USE:

TRX #: _____ Date: _____



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Backyard Pool Program Participant Information Form

(To be completed by BYP participant)

Through the Backyard Pool Program, children are encouraged to enjoy the water and have fun, while establishing positive relationships and building confidence through the development of swimming skills.

LESSON FEE INCLUDES THE FOLLOWING

1. First 5 minutes of each class dedicated to water safety
2. Nationally certified lifeguards and YMCA-YWCA swim instructors will teach in teams
3. Written evaluations provided for each participant
4. Equipment will be available to ensure that your children learn in a safe and fun environment

POOL HOST INFORMATION

First Name: _____ Last Name: _____

Address of Pool: _____

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____

Birth date: (yy/mm/dd) _____ Gender: F M

Last swim level completed _____ in the Red Cross YMCA-YWCA Program Lifesaving Society

Are there any medical or behavioural concerns we should be aware of? (Please specify)

EMERGENCY CONTACT INFORMATION

Main Contact

First Name: _____ Last Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: (H) _____ (W) _____ (C) _____

Email: _____

Relationship to participant: Parent Guardian Other: _____

Alternate Contact

First Name: _____ Last Name: _____

Phone: (H) _____ (W) _____ (C) _____

Relationship to participant: Parent Guardian Other: _____

PROGRAM FEE

Please check the fee that applies (cost is per participant) * Fees for the week of Aug 2 - 5 are prorated for 4 days

Inner City Participant Pool within 10 km of Metro Central Y	Outer City Participant Pool more than 10 km from Metro Central Y	Child(ren) of Pool Host Participant(s) is son/daughter of Pool Host
1/2 hour <input type="checkbox"/> \$ 63 <input type="checkbox"/> \$50.40 week of Aug 2 - 5	1/2 hour <input type="checkbox"/> \$ 80 <input type="checkbox"/> \$64 week of Aug 2 - 5	1/2 hour <input type="checkbox"/> \$60 <input type="checkbox"/> \$48 week of Aug 2 - 5
1 hour <input type="checkbox"/> \$100 <input type="checkbox"/> \$80 week of Aug 2 - 5	1 hour <input type="checkbox"/> \$120 <input type="checkbox"/> \$96 week of Aug 2 - 5	1 hour <input type="checkbox"/> \$80 <input type="checkbox"/> \$64 week of Aug 2 - 5

PAYMENT INFORMATION/AUTHORIZATION

Please pay the Pool Host total amount for all lessons booked.

I, the undersigned, permit participation in a full range of activities. I understand that the pictures/slides/videos taken at the pool may be used for promotion. I have read and understand the refund/transfer policy and payment plans.

Name _____ Signature _____ Date _____