

YOU MAKE A DIFFERENCE !!!

The success of any YMCA program depends on volunteers willing to share their time and talents. Volunteering allows you to actively participate in your child's experience and enjoyment. There are many volunteer opportunities, so please sign-up to volunteer.

Thanks for your cooperation and help in making the Central YMCA your YMCA.

I would like to Volunteer for:

- Group Exercise instructor**
- Swim Instructor Aide**
- Community Support Campaign**
- Other _____**

For More Volunteer Opportunities,
Call the YMCA, 408-298-1717.



We build strong kids,
strong families, strong communities.

SCUBA

Masters Swim

Youth Swim Team

Aqua Aerobics

Swim Lessons

**YMCA of Silicon Valley
Central Branch
1717 The Alameda
San Jose, Ca. 95126**

**Central YMCA
SCUBA**

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**SCUBA
DIVING**

**Adults
Youth 12 & older
Classes in our
indoor heated pool!**



**Central YMCA
1717 The Alameda
San Jose CA 95126**

Main number **408-298-1717**

SCUBA Instructor: **408-656-1165**

SCUBA@MunchNet.com

WWW.YMCASV.Org





SCUBA DIVING

Become a certified SCUBA diver and explore the underwater world. Earn an Open Water SCUBA Certification that will identify you as a certified diver world wide.

Our five week course includes lecture and indoor pool training at the Central YMCA (Tuesday & Thursday evenings) and eight SCUBA dives in the ocean during the two weekend field trips.

Note: If you have questions about pre-existing medical conditions such as asthma or diabetes, or have other questions about SCUBA, please send an e-mail or call the instructor prior to registering. Most medical issues can be resolved but may require a doctor's approval pre-class.

Next Class, July 2010:

Class Dates Dive Weekends

July 20-Aug 22 Aug 14/15 & 21/22

Note: Exact dates may change. Please confirm.

For further information or date confirmation contact the instructor:

phone: (408) 656-1195

e-mail: SCUBA@munchnet.com

web: http://scuba.munchnet.com



Pre-Class information for SCUBA Diving

1) Minimum age is 12. (12-14 requires a parent / guardian be present at all classroom, pool and ocean sessions. 15-17 requires parent/guardian permission. Proof of age required.)

2) Register now and submit deposit of \$50.00 (\$75 for non-members). Your deposit reserves your place in the class. Deposits are not refundable within 2 weeks before the start of class. Full payment is due on the first night. Total fees are \$125 for facility members of any branch of the "YMCA of Silicon Valley". For others the total fee is \$200. Register early as class sizes are limited.

3) Bring a swim suit, towel, and padlock for use of a locker to class on the first night. Goggles are optional.

4) A required swim test will be given the first night. To continue with the class you must be able to:

- swim 200 yards (8 lengths of the pool)
- swim 25 feet underwater (one third of pool length)
- float or tread water for 10 minutes

Note: You must be able to complete these tests without stopping, holding the side of the pool or showing signs of distress.

5) Classroom work will include diving physiology, theory, equipment and safety.

6) Students will purchase mask, fins, snorkel, boots and gloves. We have arranged for the rental of all other needed equipment. We will cover everything you need to know to purchase and rent equipment on the first night of class. The total cost of purchase and rental will be approximately \$500. This will be all gear needed in the pool and in the ocean.

7) All students must complete a Medical History form before using SCUBA. A doctor's approval may be necessary.

8) On Saturday and Sunday of the 4th and 5th weeks there will be an open water field trip to Monterey.

Refund Policy: 100% refund is available only within the first week and if the student is determined to be medically unfit for SCUBA or can't pass the swim test and if class materials are returned undamaged. Deposits are not refundable for cancellations later than 2 weeks before the start of class.

Registration Form

Please Print Clearly and Complete Both Side

Name: _____
First Middle Last

Birth date: ___/___/___ Grade: _____

Female Male

Parent/Guardian's Name: _____

Phone: Day (____) _____ Evening:(____) _____

Address: _____

City: _____ Zip: _____

E-mail: _____

Emergency Contact: _____

Emergency Phone: _____

Any Physical limitations? No Yes

If yes, explain: _____

Medications: _____

When and How to Register

Registration Hours: Monday—Friday 8 a.m. — 8 p.m.
Saturday 10 a.m. — 5 p.m.
Sunday 11 a.m. — 4 p.m.

Payment Methods: Check, Credit Card (Visa or MasterCard)

** Please no cash payments or phone registration **

Fees

\$25 Program Member Fee
\$125 Facility Members Registration fee
\$175 Program Members (non-facility members)
_____ = Total Fee

Financial Aid Application Enclosed

Visa / MasterCard # _____

exp. Date: _____

Signature of Cardholder

Office use only

Received by: _____ Date _____

