



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SWIM WITH SANTA AND WINTER WONDERLAND GAMES

Friday, December 1, 2023

Dive into a festive evening with Santa, swimming, games, and snacks! Santa's making a splash in the pool, followed by games of Nerf, crafts and more! Don't miss the fun!



REGISTER TO PARTICIPATE IN ONE OF THE OPTIONS BELOW BY THURSDAY, NOVEMBER 30, 2023!



Option 1:

Swim: 5:15-6:15pm
Games: 6:30-7:10pm
Ages 4yrs +

Option 2:

Swim: 6:00-7:00pm
Games: 7:20-8:00pm
Ages 4yrs +

Option 3:

Swim ONLY
Swim: 5:15-7:30pm
All Ages

REGISTRATION FEES – FAMILY OF FOUR (4):

Options 1 & 2 – Ages 4 years or older

- Facility Members \$15
- Program Members: \$20
- Non Members: \$25

Swim Only Option – All Ages

- Facility Members \$10
- Program Members: \$15
- Non Members: \$20

Additional Guests – \$3 per person

GENERAL INFORMATION – PLEASE READ:

- Children under 11 MUST be accompanied by an adult in the water (1 adult for every 2 children under 11 years old)
- Bathing suits are required
- Swim diapers are required for non-potty trained children
- No inflatable toys permitted; only U.S. Coast Guard approved flotation devices are permitted
- Land activities – Must wear dry clothes and sneakers

Open to the Community!

Please help us provide support to local families in need of our help during the holiday season by bringing a non-perishable food item or household product(s) for our Bless It Forward Holiday Donation Drive.

Cumberland Cape Atlantic YMCA

1159 E. Landis Ave., Vineland, NJ 08360 • (856) 691-0030 • www.ccaymca.org



SWIM WITH SANTA - REGISTRATION FORM AND WINTER WONDERLAND GAMES

Please Return this form and register with payment with Member Services by Thursday, November 30, 2023

Please mark clearly
which option you
wish to sign up for

Option 1:
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Games: 6:30-7:10pm

Option 2:
Swim: 6:00-7:00pm
Games: 7:20-8:00pm

Option 3:
SWIM ONLY
Swim: 5:15-7:30pm

Adults (over 18): _____

Child name: _____ Age: _____ Child name: _____ Age: _____

Child name: _____ Age: _____ Child name: _____ Age: _____

Additional Guest: _____ Age: _____ Additional Guest: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ E-mail: _____

Membership Type: (Please Circle): Program Member Facility Member Community

I give permission for the Cumberland Cape Atlantic YMCA to use any photos, voice recordings, or videos taken for all promotional purposes at the YMCA. (Please Circle): Yes No

Parent Signature: _____ Date: _____



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