



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Maple Hill YMCA Swim Team Registration

Date _____ E-mail _____

Participant's Name _____ Date of Birth _____ Phone _____

Street Address _____ Emergency Contact Name _____

City, State, Zip _____ Emergency Phone _____

Parent/Guardian Name _____ Date of Birth _____

Current Swimming Ability: Advanced Beginner__ Intermediate__ Advanced__

Dates:

Workouts are Friday/Saturday

Practice Times: F 3pm-5pm, Sat. 7:15am-9:15am

Is participant a member of this YMCA Association? Yes No

Has participant ever been a member of this YMCA Association? Yes No

Has participant ever been enrolled in a YMCA program before? Yes No

I understand that following evaluation of participants once classes actually start that the above participant may be reassigned by YMCA staff to another level class during the same time period that better suits the participants' skill level.

I further understand that there are no refunds or credits for any class covered by this registration other than in the case the YMCA must cancel the class or for serious illness which requires a note from the participant's physician. Schedule changes will only be accepted on Wednesdays and must be made in writing and in person.

Authorization Release/Waiver

Authorization to take pictures:

I, the adult participant or the parent/guardian of the above registered child give authorization allowing the participant to be photographed and the photos to be used in the promotion of the YMCA.

Medical Release:

I hereby give permission to the YMCA staff to seek medical treatment or transportation for participant should any emergency arise. In the case of a minor participant, I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken.

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my or my child's participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting to and from activities from any claims or injury sustained during my or my child's participation in YMCA activities.

Date: _____

Signature of Participant or Parent/Guardian of Participant