



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

Aqua Arthritis

AQUA ARTHRITIS

Participants Name: _____ Male / Female

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____

Ethnicity: Caucasian African American Hispanic Asian Mixed Other: _____

Address: _____ City/State: _____ Zip: _____

Phone Number: Home: _____ Cell(1): _____ Cell(2): _____

Email: _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

Monday/Wednesday/Friday

- 8:00am
- 12:00pm

Tuesday/Thursday

- 10:00am
- 12:00pm
- 5:30pm

Members: \$40
 Non-Members: \$80

Members: \$30
 Non-Member: \$70

Waiver of Liability

I hereby certify that my child is (or I am) in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child (or myself) in the event that the parent(s) or guardian(s) or contacts cannot be reached.

Picture Release

I (DO /DO NOT) (Circle one) give permission to have my child/my picture appear in any media type coverage approved by the Tri-County YMCA

Parent/Guardian/Self Signature: _____ Date: _____