



(304) 757-0016

### Registration Form

200 Carl's Lane, PO Box 737, Scott Depot, WV 25560

www.tri-countyymca.org

Office use only
Receipt# _____
Amount paid \$ _____
Date _____ staff initials _____



Participants name \_\_\_\_\_ Male/Female

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Age \_\_\_\_\_

Ethnicity: \_\_ White/Caucasian \_\_ Black/African Amercian \_\_ Hispanic \_\_ Asian \_\_ Mixed \_\_ Other

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Cell or email \_\_\_\_\_

Emergency Contact Information (must be someone other than parent/guardians)

Emergency Contact #1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Fee: Members \$30.00		Non-Members \$65.00	
Tuesday/Thursday: 9:00am-10:00am	Session I:	September 12-October 21	
Tuesday/Thursday: 7:40pm-8:40pm	Session II:	October 31-December 9	
<u>Swimming Ability</u>	<u>Comfort Level in Deep Water</u>		
Good Swimmer	Comfortable in deep water		
Average Swimmer	Somewhat uncomfortable in deep water		
Can't Swim	Very uncomfortable in deep water		

AQUA BURIN

**Waiver of Liability:** I hereby certify that my child/self/participant is 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/self/participant 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 picture appear in any media type coverage approved by the Tri-County YMCA.

Signature of Participant/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### YMCA Mission Statement:

*To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all*