



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

# LIFEGUARD CLASS

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: \_\_\_\_\_

Members: \$225 Non-Members: \$250

March Session

April Session

May Session

### 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: \_\_\_\_\_