



FOR YOUTH DEVELOPMENT®
 FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

OFFICE USE ONLY
Receipt # _____
Date _____
Staff Initials _____

**loops swims
Swim School**

SWIM SCHOOL

___ Y Member ___ Program Participant

Participants Name: _____ Male / Female (Circle One)

DOB: Month: ___ Day: ___ Year: ___ Age: ___

Ethnicity: Caucasian African American Hispanic Asian Mixed Other: _____

Address: _____

City/State: _____ Zip: _____

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

Email: _____

Parents Name(s): _____ / _____

Emergency Contact #1: Name: _____ Phone: _____

Emergency Contact #2: Name: _____ Phone: _____

Please Circle the Time and Class for which you will be registering this session.

Session I: ___
 Session II: ___
 Session III: ___

(Circle Time)

Class	Tuesday	Thursday
6-36 months	9:45 a.m. 6:30 p.m.	9:45 a.m.
24-36 months Parent Plus*	9:15 a.m. 7:00 p.m.	9:15 a.m.
36 months-4 years	8:45 a.m. 5:30 p.m. 6:00 p.m.	8:45 a.m. 6:00 p.m.
5 years +	6:30 p.m. 7:00 p.m.	6:30 p.m. 7:00 p.m.

Rates- Member: \$30 Non-Members: \$50

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: _____