



PRIVATE SWIM LESSONS REGISTRATION

REGISTRATION FEE: \$250.00 *(Four 1-hour sessions or eight 30-minute sessions)*
ONCE FORM IS COMPLETED: FAX TO 318 703 3626 OR EMAIL TO OMILLS@YNELA.ORG

PLEASE PRINT**PLEASE USE INK****PLEASE COMPLETE ENTIRE FORM**

Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Address: _____ City: _____ State: _____ Zip: _____

Participant's School: _____

Additional Participant's Name: _____ Age: _____ Sex: _____ Race: _____ DOB: _____

Participant's School: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian #1: _____ Home Ph#: _____ Cell Ph#: _____

Place of Employment: _____ Work/Other Ph#: _____

Email Address: _____

Parent/Guardian #2: _____ Home Ph#: _____ Cell Ph#: _____

Place of Employment: _____ Work/Other Ph#: _____

Email Address: _____

BILLING INFORMATION:

Person(s) responsible for this account: _____ Phone#: _____

Address if different from above: _____

EMERGENCY CONTACTS:

Name: _____ PH#: _____ Relationship: _____

Name: _____ PH#: _____ Relationship: _____

Name: _____ PH#: _____ Relationship: _____

MEDICAL INFORMATION:

Name of physician: _____ Phone#: _____

Please list any medical conditions that the participant may have: _____

Please list any medications the participant is taking: _____

Please list anything the participant is allergic to: _____

AUTHORIZATION FOR MEDICAL TREATMENT:

In the event I (the parent) cannot be reached to make arrangements for medical treatment, I authorize the YMCA staff to administer CPR/AED or FIRST AID and/or have my child transported to the nearest hospital for treatment.

(Parent/Guardian Signature)

(Date)

THANK YOU FOR YOUR INTEREST IN OUR PROGRAMS!

GENERAL PARTICIPANT RELEASE INFORMATION:

All must be signed in order for the participant(s) to participate in this program!

I certify that the participant(s) has been examined by a licensed physician in the past twelve months and is able to participate in YMCA activities.

(Parent/Guardian Signature)

(Date)

I agree not to hold the YMCA liable if the participant(s) is injured while participating in YMCA activities.

(Parent/Guardian Signature)

(Date)

I understand that there is a \$35 NSF check fee for all returned checks. I also understand that there will be **NO REFUNDS** after payment has been made.

(Parent/Guardian Signature)

(Date)

As a parent/participant, I agree to exhibit and uphold the YMCA CORE VALUES of Caring, Honesty, Respect and Responsibility while at all YMCA Programs/Events. I also understand that if I do not I will be asked to leave by YMCA Staff.

(Parent/Guardian Signature)

(Date)

I do hereby authorize newspaper interviews, taking of pictures, motion pictures and/or television interviews of the participant(s) during his/her time in the YMCA program(s). The YMCA staff will be supervising during any planned media event.

(Parent/Guardian Signature)

(Date)

PARENT/PARTICIPANT SIGNATURE

By signing below, I acknowledge and agree to all the terms and conditions as stated.

Parent/Participant Name (Please Print): _____

Parent/Participant Signature: _____

Date: _____ Time: _____
