



PROGRAM REGISTRATION

PROGRAMS REGISTERING FOR:

Please choose all options that you wish to participate in. The dates listed are the dates that the program runs. Ask a Y Staff Member about our programs that currently have open registrations. (Dates & prices are subject to change.)

CHILDCARE PROGRAMS

- Afterschool Academy (August-May)
- Summer Academy (May 29 – August 4)

SPORTS PROGRAMS

- Youth Football (September-November)
- Youth Basketball (March-April)

AQUATICS PROGRAMS

- Group Swim Lessons (June & July)
- Private Swim Lessons (June-July)

HEALTHY LIVING PROGRAMS

- Operation Y-Fit Classes
- 5K/10K Races: _____

PLEASE PRINT

PLEASE USE INK

COMPLETE ONE FORM *PER PARTICIPANT*

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

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

Participant's School: _____ Participant's T-Shirt Size (PLEASE INDICATE YOUTH OR ADULT SIZES): _____

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)

GENERAL PARTICIPANT RELEASE INFORMATION:

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

I certify that the participant 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 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 Program/Event. 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 during his/her time in the YMCA program(s). The YMCA staff will be supervising during any planned media event.

(Parent/Guardian Signature)

(Date)

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE:

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: _____

ONLY COMPLETE THE SECTIONS THAT YOU ARE REGISTERING FOR:

If you are registering for a Childcare Program, see section one.

IF you are registering for a Sports Program, see section two.

If you are registering for an Aquatics Program, see section three.

If you are registering for a Healthy Living Program, see section four.

SECTION THREE:

AQUATICS PROGRAMS

AQUATICS INFORMATION:

DATE/TIMES:

Please choose one option below. Spots are limited, and are filled once registration has been completed.

MONDAY & FRIDAY CLASSES

- Preschool (3-5 Years Old)
4:00p-4:45p
- Beginner (6-10 Years Old)
5:00p-5:45p
- Beginner (6-10 Years Old)
6:00p-6:45p
- Intermediate (11 & Up)
7:00p-7:45p

TUESDAY & THURSDAY CLASSES

- Preschool (3-5 Years Old)
4:00p-4:45p
- Beginner (6-10 Years Old)
5:00p-5:45p
- Beginner (6-10 Years Old)
6:00p-6:45p
- Intermediate (11 & Up)
7:00p-7:45p

SECTION FOUR:

HEALTHY LIVING PROGRAMS

HEALTHY LIVING RELEASE INFORMATION:

I know that running a road race is potentially hazardous activity, which could cause injury or death. I will not enter and participate unless I am medically able and properly trained, and by my signature, I certify that I am medically able to perform this event, and am in good health, and I am properly trained. I agree to abide by any decision of a race official relative to any aspect of my participation in this event, including the right of any official to deny or suspend my participation for any reason whatsoever. I attest that I have read the rules of the race and agree to abide by them. I assume all risks associated with running in this event, including but not limited to: falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic and the conditions of the road, all such risks being known and appreciated by me.

Having read this waiver and knowing these facts and inconsideration of your accepting my entry, I, for myself and anyone entitled to act on my behalf, waive and release the YMCA of Northeast Louisiana from all claims or liabilities of any kind arising out of my participation in this event, even though that liability may arise out of negligence or carelessness on the part of the persons named in this waiver.

(Participant Signature)

(Date)

THANK YOU FOR YOUR INTEREST IN OUR PROGRAMS!



ACKNOWLEDGEMENT & UNDERSTANDING OF HANDBOOK

I, _____, acknowledge that I have received a copy of the updated Aquatics handbook.

I also understand that if myself or my child(ren) violate any of the rules/policies mentioned in the Aquatics handbook, that we may be removed from the program.

Program: Aquatics:
Swim Lessons

Participant's Name(s): _____

Parent/Guardian Print Name

Parent/Guardian Signature

Date