

# Y SWIM LESSONS™

We build strong kids, strong families, strong communities.

Participant Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Session \_\_\_\_\_

(Example: February 7 - March 28)

Class \_\_\_\_\_

(Example: Pre-K, Youth, Adult)

Time \_\_\_\_\_

(Example: 6:15 - 7:00)

D.O.B. \_\_\_\_\_

Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency # \_\_\_\_\_

Medical Conditions/Special Needs: \_\_\_\_\_

Please read and sign:

WAIVER OF LIABILITY: I fully assume and understand the risks of participating in Swim Lessons including death or injury due to falls, collisions with other participants, actions by hostile humans, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that I am physically fit to participate. I authorize program staff to provide medical attention at my expense should I appear in need. For injuries I sustain, including death, I agree to save and hold harmless the YMCA of Avery County, volunteers, program staff, suppliers, contractors, and anyone else connected with the organization of this program, from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns, arising from my participation in this program or the instruction I received.

WAIVER FOR PUBLICITY: I agree that images taken of me during this program may be used in any legal manner without payment to me. I have read and understand the terms of this document. I make this agreement and pay the program fee in exchange for the privilege of participating under the conditions of the program.

\_\_\_\_\_

Signature

Today's Date

