



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2021 Group Swim Lessons Registration Form

**Participant Stage:** \_\_\_\_\_ **Day/Time of Group Lessons Registered for:** \_\_\_\_\_

**Instructor of Session Registered for:** \_\_\_\_\_ (filled out by Y staff)

### Child's Information:

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** Male/ Female **Member:** Yes/No

Does your child have any physical conditions that would limit his/her participation

In this program? If yes, please explain: \_\_\_\_\_

Has your child ever attended swim lessons at the YMCA before? Yes/No  
If so who was his/her teacher? \_\_\_\_\_

### Parent/Guardian Contact Information:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### Emergency Contact Information:

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_

\*I hereby certify the program participant is in normal health and capable of safe participation in this program. If my child has a condition, I will show written proof of my physician's authorization to participate in this program or my child is participating with my knowledge of possible risk. I agree to indemnify the Switzerland County YMCA staff, volunteers, Board of Directors, and all instructors of this program from any and all injury, which may occur during my child's participation. In the event that the YMCA is unable to reach me or my emergency contact, I give permission to the YMCA to proceed with emergency treatment or transportation to and/or admission to the nearest hospital.

\_\_\_ I give or \_\_\_ I do not give permission for my child's photo to be used in promotional literature.

**I understand that I am not permitted in the pool area during swim lessons.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_