



Y AQUATICS GROUP SWIM REGISTRATION

Date of application: _____

Name (print): _____ Age: _____

Parent/guardian: _____ Phone: _____

Address: _____ City: _____ State: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Special Needs: _____

Goal of Swim Lesson: _____

Person bringing participant to lesson: _____

How did you hear about Y swim lessons? _____

Have you taken group lessons previously? _____

Swim Lesson Dates: _____ Time of Swim Lessons: _____

Level of Swim Lessons: _____

In the event of a cancellation due to weather, there will be a safety day and the instructor will provide information about make-up days for the lessons cancelled.

Participants must be at least 3 years old to participate in all other group swim programs. Please report to the natatorium at least 5 minutes before your lessons begin. For participants with long hair, please pull back into a pony tail for lessons. Goggles are encouraged but not required. Please encourage participants to use the restroom before lessons to maximize class time. Person bringing participant must remain at the YMCA facility during the lesson. The person bringing the participant to lesson must be a parent/guardian or the parent/guardian must designate in writing that the person bringing the participant has permission to do so and person will remain at the facility for the full extent of the lesson.

I do give permission for my child and/or myself to be photographed or video taped while at the Blossman Family YMCA. The Blossman YMCA has my permission to obtain and/or to give care to myself/or my child if needed. I hereby release all rights and claims against the The Blossman YMCA for any and all injuries and accidents including transportation to and from the YMCA activity or transportation for emergency medical treatment involving myself/or my child.

Signature: _____ Date: _____