



SWIM LESSON REGISTRATION FORM

BARBARA BAUER BRIGGS FAMILY YMCA

PARTICIPANT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Gender: Male _____ Female _____ Email: _____

Address: _____ City/State: _____ Zip: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

CLASS/SESSION SELECTION

Please check your desired program: Private Lessons Group Lessons

If group lessons, please circle your desired group/date/time:

Parent/Child 18 months-3 years Mon/Wed OR Tue/Thurs 10:30am OR 5:30pm Saturday 9:30am	Level 1/2 3-5+ years Mon/Wed OR Tue/Thurs 11:15am OR 6:15pm	Level 3/4 5-8+ years Mon/Wed OR Tue/Thurs 12:00pm OR 7:00pm	Level 5/6 9-11+ years Mon/Wed OR Tue/Thurs 7:35pm	Teen/Adult 13 & Up Saturday 11:00am	Stroke Boosters 8-13 years Saturday 10:15am
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AVAILABLE CLASS DATES:

Monday/Wednesday Classes:
 June 3-June 26
 July 1-July 24
 July 29-Aug 21 (evening only)
 Aug 26-Sept 18 (evening only)

Tuesday/Thursday Classes:
 June 4-June 27
 July 2-July 25
 July 30-Aug 22 (evening only)
 Aug 27-Sept 19 (evening only)

Saturday Classes:
 June 1-June 22
 June 29-July 20
 July 27-Aug 17
 Aug 24-Sept 14

- Participants must abide by the Barbara Bauer Briggs Family YMCA code of conduct.
- The YMCA has the right to eliminate a participant for misconduct.
- No refunds will be given after second class.

Permission for Enrollment and Release of the YMCA of The Golden Crescent from Liability

I give my child permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Barbara Bauer Briggs Family YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the Barbara Bauer Briggs Family YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off YMCA's premises. I understand that this release includes any claims based on negligence, action, or inaction of the Barbara Bauer Briggs Family YMCA, its staff, directors, members, and guests. I have read and am voluntarily agreeing to this authorization and release.

Authorization of Emergency Medical Treatment

If my child should become ill or injured during a YMCA activity, I understand that the YMCA will, (1) contact me immediately or, (2) contact the person I have designated as the emergency contact person if I can't be reached. Should the YMCA be unable to reach me, or the person designated, they are authorized to arrange for immediate emergency treatment necessary to insure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/Video Release

I grant permission to the Barbara Bauer Briggs Family YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

I have read and understand the above information. My child has permission to participate in this YMCA Aquatics Program with the conditions set forth.

Parent/Guardian Signature _____ Date _____