



SWIM LESSON FORM

Barbara Bauer Briggs Family YMCA

Select a Session

August 26-September 18

September 23-October 16

All classes are on Monday and Wednesday. See times for each age group below.

6 month olds-2 years old will have class 5:30pm-6:00pm

3-5 year olds will have class 5:30pm-6:00pm

6 years old and up will have class 6:00pm-6:30pm

Child's Name: _____

Gender M F DOB: _____ Age: _____ Grade: _____ Height: _____

Parent/Guardian Full Name: _____ Parent/Guardian DOB: _____

Primary Phone #: _____ Secondary Phone #: _____

School: _____ Parent/Guardian E-mail Address: _____

Address: _____ City/State _____

- Participants must abide by the Barbara Bauer Briggs Family YMCA code of conduct.
- The YMCA has the right to eliminate a participant for misconduct.
- Limited Financial assistance is available.
- Partial refund will be given once first class has met. 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 Barbara Bauer Briggs Family 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 _____

Ethan Carrasco
Aquatics Director
361.575.0511
ecarrasco@ymcavictoria.org

Staff Use:
Amount Paid: _____ Date Paid: _____
Staff Initial: _____