



PARENT/CHILD SWIM LESSONS

Fees

\$45-Members

\$70-Community
Participants

PARENT/CHILD—REGISTRATION

Parent/Child Information:

PARENT First Name: _____ Last Name: _____

Address: _____ City/State: _____

Relationship to child: Mother Father Other (specify): _____

Primary Phone #: _____ Secondary Phone #: _____

Parent E-mail Address: _____

CHILD First Name: _____ Last Name: _____

Age: _____ DOB: _____ Gender: Male Female

Please Circle Below Your Preference of Session

SESSIONS:

JUNE 4—14: 5:45-6:15 PM

JUNE 18—28: 5:45-6:15 PM

JULY 9—19: 5:45-6:15 PM

Each Session is two weeks, Monday thru Friday the first week, and Monday thru Thursday the second week. Each class is 30 minutes.

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

Authorization of emergency Medical Treatment. If my child should become ill or injured during a YMCA activity and the YMCA is unable to reach me, the YMCA is authorized to arrange for immediate emergency treatment necessary to ensure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/video Release. I grant permission to the Calhoun YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

****NO REFUNDS GIVEN AFTER FIRST CLASS OF SESSION****

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

Parent/Guardian Signature:

Date: _____

Receipt No: _____ Date Pd: _____ Member I.D.: _____ Staff Name: _____