SWIM ACADEMY REGISTRATION FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participant name:

Parent name:

Email address:

Street address **Zip Code**

Phone number:

Emergency contact phone:

Participant Age:___ DOB:__/__/__ M/F Y-Member___ Non Member___

Days (check one): M/W __T/TH __ SAT/SUN__ ($50/$100) Start Date: _____

Lesson Time: _____

Level (check one): Preschool __ School Age__ Parent/Child__ Teen/Adult__

Waiver

I understand that the YMCA of Central Florida assumes no responsibility for injuries or illness which the participant may sustain as a result of his/her physical condition or resulting from his/her athletic activities, the aquatic program, the use on any equipment, exercise, or other activities. I expressly acknowledge on behalf of myself that I assume the risk for any and all injuries and illnesses, which may result from my child's participation in these activities. I hereby release and discharge the YMCA of Central Florida, its agents, servant and employees from any and all claims for injury, illness, death and loss or damage which the participant may suffer as a result of his/her participation in these activities. I understand that the YMCA of Central Florida is not responsible for personal property lost or stolen while a member and/or program participant on Central Florida premises. I give my permission to the Central Florida YMCA to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family's image or voice for the purpose of promoting or interpreting YMCA of Central Florida programs. **All registrations are final. Full refund will be given before the start of the first class, and no refunds will be given after the second class. A 75% refund less a $10 fee may be given before the start of the second class.** We will make every attempt to make up weather related lesson cancellations as needed. Classes cancelled by the Y due to instructor illness will be rescheduled. Participant absences will not result in a refund, no makeups will be offered. **Weather cancellations will not result in refund.**

Signature: _____ Date: _____

Would you like to help support the Scholarship Fund with a donation? YES NO

---------- FOR OFFICE USE ONLY ----------

Amount paid: _____ Scholarship Amount: _____ Date: _____/_____/_____

Cash: _____ Credit _____ Check #: _____ Staff Initials: _____

Source Code: _____ Member #: _____