FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

J. Douglas Williams YMCA
2017 Swim Academy Registration Form

Participants Name _____ **DOB** _____ **Age** _____ **Gender** ☐ **Male** ☐ **Female**

Member ☐ **Yes** ☐ **No** **Allergies/Medical Conditions** _____

Address _____

Parent/Guardian Name _____ **Phone Number** _____

Parent/Guardian Name _____ **Phone Number** _____

Email: _____

Start Date _____ **Lesson Time** _____ **Days (circle one):** **M-TH** **M/W** **T/TH** **SAT**

Level (circle one): **Parent/Child** **Preschool: Stage 1 2 3 4** **School Age: Stage 1 2 3 4 5 6**

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 or my child's participation in these activities. I hereby release and discharge the YMCA of Central Florida, its agents, servants 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 YMCA of Central Florida to use, without limitation of obligation, photographs, film footage, or tape recordings, which may include a family member's image or voice for the purpose of promoting or interpreting YMCA of Central Florida programs.

Make-up & Refund Policy: All registrations are final. A 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.

Acceptance: I acknowledge the waiver set forth above, and being in sympathy with the mission statement of the YMCA of Central Florida, agree to sign this waiver.

Participant's Signature (Parent/Guardian Signature if under 18) _____ **Date** _____

Scholarship Program:

I would like to help a deserving child learn to swim by participating in the Y Swim Academy.

☐ $5 ☐ $10 ☐ $25 ☐ $50 ☐ $75 ☐ $100 ☐ Other $ _____

FOR OFFICE USE ONLY

Amount Paid _____ **Cash** _____ **Credit** _____ **Check #** _____

Staff Initials _____ **Date** ____/____/____

For additional information please contact
Traci – Aquatic Director | tpatterson@cfymca.org or 407.321.8944