

Aquatic Registration Form



Programs:	<input type="checkbox"/> Parent/Child	<input type="checkbox"/> Synchronized Swimming Team	Program Time: _____
	<input type="checkbox"/> Pike/Eel	<input type="checkbox"/> Aquaarobics	Program Day: _____
	<input type="checkbox"/> Ray/Starfish	<input type="checkbox"/> Water Walking	
	<input type="checkbox"/> Polliwog	<input type="checkbox"/> Arthritis	
	<input type="checkbox"/> Guppy	<input type="checkbox"/> Silver Splash	
	<input type="checkbox"/> Minnow	<input type="checkbox"/> Aqua Fitness	
	<input type="checkbox"/> Fish/Flying Fish	<input type="checkbox"/> Private Smim/Personal Training	
	<input type="checkbox"/> Adult Lessons	<input type="checkbox"/> Semi Private Swim/Personal Training	
	<input type="checkbox"/> Little Masters	<input type="checkbox"/> Aqua Stars	
	<input type="checkbox"/> Adult Masters	<input type="checkbox"/> Other _____	

Player Information:		<input type="checkbox"/> Facility Member	<input type="checkbox"/> Program Member*
Participants name _____		Date _____	
Address _____		City _____	State _____ Zip _____
Home Phone _____	Work Phone _____	Cell Phone _____	
Birthdate _____	Gender M / F	School _____	Grade _____
Parent's Name _____		Email Address _____	
Parent or Guardians Signature _____		Date _____	
Special Request: _____			

Are you a: Facility Member or Program Member *(please circle one)*
If you are not a full member of the YMCA you are a program member. Program members have a once a year program fee of \$14 individual or \$24 family. This amount must be included with the payment for the program.

Emergency Contact:	Name: _____	Relationship: _____
	Phone: _____	Cell Phone: _____

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, participation in any off-site program affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, their household or guest Waive, Discharge and Covenant Not To be hold liable the YMCA, Children, youth and family services, their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities. I support the YMCA philosophy, which is based on participation, fun, physical fitness, and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

I have read and understand this agreement: _____

Signature of Parent/Guardian Date

YMCA Mission:
 To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Office Use Only:				
Date: _____	Amount Pd: _____	Check # _____	Cash _____	CC _____