

BAY SPRING/SUMMER SWIMMING REGISTRATION 2018

PARENT/GUARDIAN INFORMATION

Name: _____ Date of Birth: _____

Relation to Participant: _____

Home Address: _____

City: _____ Zip: _____

Primary Phone: _____ E-Mail: _____

Emergency Contact: _____ Emergency Phone: _____

_____ I hereby certify that I or any persons in my household have not been convicted of any child related offenses.

PARTICIPANT INFORMATION

Name: _____ Gender: Male _____ Female _____

Date of Birth: _____ Age as of 5/7/2018: _____

Swimming Experience: Recreational _____ Competitive _____

Physical/medical concerns and/or learning disabilities:

How will you be paying?

- Credit Card
- EFT on File
- Check
- Cash

Payment Policy: All fees associated with this program are due in full regardless of date participation starts. NO REFUNDS AVAILABLE.

Waiver of Responsibilities

In consideration of this entry to the Bloomsburg Area YMCA (referred to as YMCA) program listed above, I waive all claims for myself and for the participant(s) listed above for any injuries or illness which may result from participation, including any transportation provided by the YMCA, its staff or agents. I further state that I (and/or the above participant(s)) am in proper physical condition to participate in this program. In the event that there is a question regarding my physical condition or the physical condition of the participant(s), a physician will be consulted to review the situation prior to any participation. I also give my permission to the YMCA to use my name and/or picture (including the participant(s)) without compensation.

Parent/Guardian Signature: _____ Date: _____