

YMCA OF WINCHESTER PROGRAM REGISTRATION FORM

SWIMMER NAME _____ BIRTH DATE _____ AGE _____

ADDRESS _____ MALE / FEMALE

PHONE (____) _____ PARENTS/GUARDIANS _____

INCLEMENT WEATHER CONTACT _____ PHONE (____) _____

ARE YOU A MEMBER OF THE YMCA: YES NO

SWIM LESSON WEEK _____ LEVEL _____

*Sessions are Monday through Thursday for 45 minutes each lesson. If there is inclement weather Friday will be the make up day. If more than one make up day is needed then other arrangements will be made as needed. Class sizes are limited and are on a first come first serve basis. If you cancel it must be done **one** week in advance in order to get a refund. If there are any questions contact Morgan or Meredith Standafer at the YMCA (859)744-9622.

PERMISSION/MEDICAL AUTHORIZATION/RELEASE

The undersigned being a parent/legal guardian of the above named child, hereby grants permission for said child to participate in the above referenced program and, in consideration of the acceptance of said child for a try out for or as participant in, and for myself and said child and our respective personal, representatives and heirs, hereby:

1. Appoints such representative of the YMCA of Winchester, Kentucky, who is present and is highest authority at the time, as my true lawful attorney-in-fact for the sole purpose of obtaining appropriate medical treatment for said child while involved in said program and, in the event that I cannot be present, to sign any required medical authorization form and other related papers authorizing treatment by doctors and the services of any hospitals.
2. Releases and forever discharges the YMCA of Winchester, Kentucky the sponsors and administrators of the program sites, ad their respective directors, officers, agents, representatives, successors and assigns, of and from all claims, demand, actions or causes of action, whether on account of damage to property, bodily injuries or death, resulting or to result from the participation of said child in said programs and travel to and from said program.

Signature of Parent or Guardian

Date

If there are any medical conditions or anything else the instructor should know please list below

FOR OFFICIAL USE ONLY

Date Paid _____

Check/Cash _____

Received by Initials _____

Amount Paid _____

Receipt # _____