

YMCA of Winchester
Registration Form for SWIM LESSONS

Participant Name _____ Birthday _____ Age _____

Address _____ Male/Female _____

Home Phone # _____ Cell Phone 1# _____ Cell Phone 2# _____

Are you a member of the Winchester YMCA? Yes _____ No _____

Parent Name _____ Date of Birth _____

Circle one of the following Sessions:

- Session I – June 28, 29, 30, and July 1
- Session II – July 5, 6, 7 and 8
- Session III – July 12, 13, 14, and 15

Circle one of the following Levels:

- Minnows (Beginner)
- Dolphins (Intermediate)
- Sharks (Advanced)

PERMISSION/ MEDICAL AUTHORIZATION RELEASE

The undersigned being a participant / or parent/legal guardian of the above named participant, hereby grants permission for said participant to participate in the above referenced program and, in consideration of the acceptance of said participant for a try out for or as a participant in, and for said participant and our respective personnel, 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 participant 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, and 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 participant in said programs and travel to and from said program.

Parent Signature _____

FOR OFFICE USE ONLY

Amount Paid _____ Check# _____ Cash _____ Received By _____

