

Participant Name: _____ Level: _____ Session: _____



We build strong kids, strong families, strong communities.

Participant Information

Child's Name: (Last) _____ (First) _____

Gender (circle one): Male Female Age _____ D.O.B. _____

Address _____

City _____ Zip _____ Home Phone _____

Father _____ Mother _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

E-mail _____ E-mail _____

Additional Emergency Contact

Name _____ Phone # _____

Please circle what level of lesson wishing to participate in:

Parent/Child	Pike	Eel	Ray	Starfish	Private	Semi-Private
Polliwog	Guppy	Minnow	Fish	Flying Fish	Shark	Adult

Waiver

I give the YMCA Staff permission to secure first aid and emergency care. In the event further medical assistance is required I give the YMCA Staff permission to seek medical attention from either a private doctor or the nearest hospital. I designate the Richardson Family YMCA staff to act on my behalf in seeking medical attention, administering first aid, dispensing medication, and any other issue involving the welfare of my child. I understand that every attempt will be made by the YMCA to contact me.

Signature (required) _____ Date _____

Refunds

REFUNDS ARE ONLY GIVEN WHEN THE YMCA CANCELS CLASSES OR PROGRAMS. Credit will be applied to future courses or programs if a participant withdraws due to a medical reason accompanied by a physician's note. No credit will be given after 75% of the program has been held.

Amount Paid: _____ Receipt # _____