



REGISTRATION

Date _____

Childs Name _____ Age _____

School _____

Emergency Contact/Phone _____

E-mail _____

Address _____

City, State, Zip _____

How did you hear about us? _____

Current Swimming ability:

Non Swimmer Beginner Advanced

Has your child participated in a YMCA program before? Yes No

If so what? _____

As a parent/guardian of the above child, I attest that he/she is physically and mentally fit to be enrolled in and has my permission to participate in the YMCA Splash program. I understand that this program serves to introduce my child to the water and demonstrate basic water safety skills. By signing this release form of my free will, I hereby indemnify and hold harmless the Y from any and all claims, demands, or cost/expenses arising out of any injuries or damage incurred while the above child or I am participating in this program.

Parent/Guardian Signature

Date