



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF WASHINGTON COUNTY

121 E Main St
Washington, Ia. 52353
319 653-2141

SWIM LESSONS REGISTRATION FORM

Child Name _____ Age _____

Circle One: Male Female Date of Birth _____

Name of Parent _____

Address _____ City State Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact Name _____

Contact Phone _____

Class Day Time and Stage _____

Waiver of Liability: I understand that even when reasonable precaution is taken, accidents sometimes happen. Therefore in exchange for the YMCA of Washington County allowing my child to participate in Swim Lessons, I understand and expressly acknowledge that I release the YMCA of Washington County from all liability for injury loss and damage connected in any way whatsoever to my child. I understand this release includes claims of negligence, action or inaction of staff, directors, guest or volunteers.

_____ Signature

Photo Talent Release - I give permission to the YMCA of Washington County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family's image(s) or voice(s) for purposes of promotion or interpreting YMCA programs.

_____ Signature

I authorize and acknowledge that I have read, understand and agree to the above.

Parent Signature _____ Date _____