

Registration Form - MAPLE PRIDE SWIMMING 2019

Gender: Male Female

Today's Date: ___/___/___

Spring 2019 (April 15- May 23)

Participant's Name: _____ Birth Date: ___/___/___

Age: _____ Grade: _____ School: _____ Home Phone: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Medical Conditions and/or Allergens: _____

Parent or Guardian Name: _____ Phone Number: _____

Email Address: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

List of Names Approved to Pick Up Child: _____

PLEASE CIRCLE THE SCHOOL THAT YOUR CHILD ATTENDS!

ALEXANDER MICHENER PRAIRIE LINCOLN SPRINGBROOK

PLEASE CIRCLE WHICH LEVEL YOU BELIEVE YOUR CHILD SHOULD PARTICIPATE IN?

SWIM LESSONS

STROKE DEVELOPMENT

(must continuously swim 25 yards or 1 full length of pool)

PLEASE ANSWER THE FOLLOWING QUESTIONS TO ASSIST PLACING YOUR CHILD IN THEIR APPROPRIATE CLASS!

Will the student go underwater voluntarily? YES or NO

Can the student do the front and back float on their own? YES or NO

Can the student swim 10-15 yards on both front and back? YES or NO

Can the student swim 15+ yards of front and back crawl? YES or NO

Can the student swim a continuous 25 yards of front crawl? YES or NO

(25 yards is classified as 1 full length of the pool)

****Re-evaluations are done by swim teachers and coaches and ALL decisions are final!**

Waiver and Release of Liability: I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children, which might arise directly or indirectly as a result, and or participation in a YMCA program and/or activities. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA of Lenawee County, the various centers and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of Lenawee County, except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, and successors.

I have read the Waiver and Release of Liability.

Signature _____ Date _____