Registration Form – PRIVATE SWIM LESSONS YMCA of Lenawee County

Membership: $ 75 YMCA member $95 NON-member **Gender:** Male Female **Today's Date:** ___/___/___

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

Age: _____ Grade: _____ School: _____ _____Phone Number: _____

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

Parent's Name if Participant is under 18 years of age: _____ Other Phone: _____

Email Address: _____

Emergency Contact: _____ Emergency Number: _____

Current Swimming Ability:

_____
_____
_____
_____
_____
_____

What You Would Like to Accomplish:

_____
_____
_____
_____
_____
_____

Preferred Days and Times:

_____
_____
_____
_____
_____
_____

Preferred Instructor's Name:_____
_____

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 _____