

Registration Form – Swim Lessons YMCA of Lenawee County

Membership: Y Family Member Y Member Non-Member Gender: Male Female Today's Date: ___/___/___

(Please Circle One) **Winter Session 2 2019** (March 12– May 4)

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

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

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

Emergency Contact: _____ Emergency Phone Number: _____

PLEASE CIRCLE THE CLASS THAT YOU ARE SIGNING UP FOR!

Discovery & Explore

(Parent in water w/ child) 6 Months –3 YEARS Members \$15 Non Members \$47

A 6–18 months Tuesday 5:45–6:15pm Thursday 5:45–6:15pm Saturday 9:30–10:00am

B 18–36 months Tuesday 5:45–6:15pm Thursday 5:45–6:15pm Saturday 9:30–10:00am

PRESCHOOL AGES 3 TO 5 YEARS Members \$15 Non Member \$47

Level 1 Tuesday 6:15–6:45pm Thursday 6:15–6:45pm Saturday 10:45–11:15am

Level 2 Tuesday 6:15–6:45pm Thursday 6:15–6:45pm Saturday 10:45–11:15am

Level 3 Tuesday 6:15–6:45pm Thursday 6:15–6:45pm Saturday 10:45–11:15am

Level 4 Tuesday 6:15–6:45pm Thursday 6:15–6:45pm Saturday 10:45–11:15am

SCHOOL AGES 6 TO 12 YEARS Member \$20 Non Member \$50

Level 1 Tuesday 6:45–7:30pm Thursday 6:45–7:30pm Saturday 11:15am–12:00

Level 2 Tuesday 6:45–7:30pm Thursday 6:45–7:30pm Saturday 11:15am–12:00

Level 3 Tuesday 6:45–7:30pm Thursday 6:45–7:30pm Saturday 11:15am–12:00

Level 4 Saturday 10:00–10:45am

Level 5/6 Saturday 10:00–10:45am

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 _____