



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Swim Lessons Registration 2019 • LAWTON FAMILY YMCA

Date of lessons: _____ **Time:** _____

Level: _____

Age: 6-36 months OR 3-5 years old OR 6-12 years old

Cost: Weekday Member \$60.00 Community Participant \$80.00

Saturday Member \$30.00 Community Participant \$50.00

Participant Information Y Member Community Participant

Participants' Name: _____ **Age** _____ **DOB** / / _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Grade _____ **School** _____ **Gender** _____

****Ethnicity** _____ **Military** Active Retired None

Parent/Guardian Information Y Member Community Participant

Parent's Name: _____ **DOB** / / _____ **Gender** _____

Address _____ **City** _____ **State** _____ **Zip Code** _____

Home Phone # _____ **Cell Phone #** _____

****Ethnicity** _____ **Military** Active Retired None

Additional Emergency Contact

Contact's Name: _____ **Relationship** _____

Home Phone # _____ **Cell Phone #** _____

For Our Information

How did you hear about swimming lessons?

Facebook School Flyer Bulletin Board

Friend/Referral: _____ Other: _____

** Any information such as Ethnicity, Gender, and Age are collected for all current LFY Programs.
**This data helps us apply for program grants and funding. THANK YOU!

Email Contact

Please provide your email and spouse/another contact in the event lessons are cancelled.

Contact Name: _____

E-Mail Address: _____

Contact Name: _____

E-Mail Address: _____

Permission

I hereby **DO** **DO NOT** give my consent for my child's pictures to be taken and used for promotion purposes. This includes brochures, flyers, seasonal guides, videos, websites and any other

Waiver & Agreement

By signing below, I authorize the YMCA to provide emergency treatment. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless of any claims of damage or loss of any property of injury to persons that may occur through participation in any activity at the YMCA or in its programs.

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. By participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law.

Parent/Guardian Signature: _____

Refund/Cancellation Policy

I understand a requested refund should be **two or more business days** prior to the start of any swimming lesson for a full refund. **Program fees will be issued as a credit to the account for future use in Lawton Y programs if lessons have begun. The YMCA does not make up swimming lessons for illness or conflict of schedule on the participants part etc.** I understand that after swimming lessons begins there will be no refunds issued unless the session has been cancelled by the Aquatics Director.

I hereby **DO** **DO NOT** understand the refund/cancellation policy.

Staff Only: Cash Credit Check

Notes:

Date: / / Staff _____

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