

ADAPTIVE SWIM LESSON REGISTRATION

,	STAFF USE ONLY
	☐ Member ☐ Non-member
	Paid Amount: \$
	Date:
	Staff Initials:

Package (Circle):	ONE	FOUR	TEN				
Session Dates:		Day(s):			Time:		
Participant's Inform	nation:						
Name:				Phone:		 	
						Zip:	
Participant's Birth Date	e:	Age:	Female	Male			
Parent/Guardian's I	nformation (if applicable):					
Name:				Phone: _			
Email: Parent Date of Birth:							
Emergency Contact	: Information	ı:					
Name: ———				——— Phone:	:		
Relationship to Partici	pant:						
The YMCA considers all handicap. However, the adaptation than the YM staff. I understand that correct to the best of m I understand that YMCA yMCA activities. I further the supportions of figure discounts of the supportions of the supportion	YMCA does res CA can safely p the YMCA does y knowledge ar activities have er waive, release	erve the right to r rovide. I agree to a not provide insura nd that the particip inherent risks and e, absolve, indemn	efuse admission abide by the rule; ance coverage. I in pant herein describle and agree to leave to lea	to anyone whose s and regulations ndicate that the intificate that the intificate has permissed all risks and hazabold harmless the	needs may req of this program nformation on ion to engage in ards incident to e YMCA and its	uire more attention or n as enforced by YMCA this registration form is n all program activities. o my participation in organizers, volunteers,	
supervisors, officers, dir activities.	ectors, participa	ants, and instructo	ors from any clair	ns or injury susta	inea auring my	participation in YIVICA	
I understand that registi the entire session is can		accompanied by a	completed form	and payment and	d that there are	e no cash refunds unless	
If the YMCA cancels a sy if you cannot attend the instructor has the right t lessons for those who m may receive credit towa 24 hours prior to class. I	to cancel the less liss due to vacat rds a future sess	sson, and you will tion, birthday parti sion of lessons. * A	still be charged for ies, etc. If you are Any lessons must	or a lesson. We de e unable to attend be redeemed wit	o not provide ir d due to illness	ndividual make-up or emergency, you	
have read, understand,							
Parent Signature:							

YMCA OF METROPOLITAN CHATTANOOGA

ymcachattanooga.org

Diagnosis:
Likes:
Dislikes:
What, if any, program activities may be difficult for your child?
How does your child communicate?
Any stress triggers?
What comforts your child?
What motivates your child?
Do they have any behaviors that need to be managed in a certain way?
Do they have any precautions or medical issues we should be aware of, such as seizures?
Do they have any prior experience being in a pool?
Anything additional you'd like us to know: