



YMCA OF METROPOLITAN CHATTANOOGA SAFETY AROUND WATER REGISTRATION

Staff Use Only: Member Non-member

Date ____/____/____

Staff Initials _____

Participant's Information:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant's Birth Date: ____/____/____ Age: _____ Check one: Female MaleAttended previous Safety Around Water classes: Yes No**Parent/Guardian's Information (if applicable):**

Name: _____ Phone: _____

Email: _____ Parent's Birth Date: ____/____/____

Emergency Contact Information:

Name: _____ Phone: _____

Relationship to Participant: _____

Circle the below class options:**Age Group:** 3-5 years 6-12 years**Time:** 4:00-4:45pm 5:00-5:45pm 6:00-6:45pm***The hour you register for is same hour you are assigned to all week***

The YMCA considers all registrations without regard to race, color, religion, sex, national origin, and/or medical condition or handicap. However, the YMCA does reserve the right to refuse admission to anyone whose needs may require more attention or adaptation than the YMCA can safely provide. I agree to abide by the rules and regulations of this program as enforced by YMCA staff. I understand that the YMCA does not provide insurance coverage. I indicate that the information on this registration form is correct to the best of my knowledge and that the participant herein described has permission to engage in all program activities. I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its organizers, volunteers, supervisors, officers, directors, participants, and instructors from any claims or injury sustained during my participation in YMCA activities. I hereby give permission for the YMCA of Chattanooga to use for promotional purposes any photos or videos taken of my child while involved in this program.

I have read, understand, and agree with the above statements.

Parent Signature: _____ Date: _____

Shirt Size: YXS YS YM YL AS AM AL AXL