

# Y SWIM TEAM <sup>TM</sup>

We build strong kids, strong families, strong communities.

## Swim Team Registration Form

Pre-registration is required for all persons participating in YMCA programs.  
Completed registration forms must be returned with the full program fee to the YMCA.

Participant's Name \_\_\_\_\_

Age \_\_\_\_\_ Female Male Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/ Cell Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_ DOB \_\_\_\_\_

Session 1 ( ) Session 2 ( ) Session 3 ( )

YMCA Member YES NO

### Refund Policy

No refunds are given after class begins. Initials \_\_\_\_\_

I give my consent for any and all necessary treatment when my child is in the care of a physician and/or hospital.

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Yes, I will donate \$5 to the YMCA Strong Kids Scholarship Program so more children are exposed to a variety of fun and rewarding experiences at the YMCA.

By signing this release, I agree to indemnify and hold harmless the YMCA of Greater Oklahoma City, its officers, directors, employees, agents and representatives from any and all claims, demands, injuries, damages and/or losses whether personal or property; sustained to me or any members of my family while on any YMCA premises or while involved in any YMCA sponsored activity. I also understand that my child or myself may be photographed for a YMCA publication.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Staff Use Only

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Total Paid: \_\_\_\_\_ Entered in Computer: \_\_\_\_\_ Member: Yes \_\_\_ No \_\_\_