



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA name: _____

Lesson location: _____

Day/time: _____

Session start/end dates: _____

SWIM LESSONS REGISTRATION FORM

****Return this Registration Form to the Membership Desk to complete registration****

CLASS INFORMATION

Class ID #:	Fee:
Stage:	Instructor:

STUDENT INFORMATION

Student's first name:	Student's last name:
Student's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	Student's birth date (mm/dd/yyyy):
Name of parent/caregiver (if applicable):	Y Member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home address (city, state, zip code):	Phone:
	Email:
Emergency contact:	Emergency phone:

PAYMENT INFORMATION	How did you hear about this program?
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other:	<input type="checkbox"/> Y staff member/volunteer <input type="checkbox"/> Friend/family member/word of mouth <input type="checkbox"/> Mailing/email communication <input type="checkbox"/> Y's website <input type="checkbox"/> School <input type="checkbox"/> Community-based organization <input type="checkbox"/> Poster/flyer/Y event <input type="checkbox"/> Other, please specify:

- I have signed and returned the required photo, audio/video, narrative release form.
- I have signed and returned the Y's standard liability waiver.
- I have read, signed and returned the FAQ page included in this packet.

As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data.

I authorize and acknowledge that I have read, understand, and agree to the above.

Student

Date



YMCA Name:

the

Lesson Location:

Parent/caregiver signature

Date