

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF PATERSON

SWIM LESSON REGISTRATION FORM

BEGINNERS 5:30PM-6:30PM _____
BEGINNERS/INTERMEDIATE 6:30PM-7:30PM _____
INTERMEDIATE/ADVANCED/TEENS/ADULTS 7:30PM-8:30PM _____

Child #1 Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Beginner Intermediate Advanced

Child #2 Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Beginner Intermediate Advanced

Address: _____
City, State, Zip Code: _____
Home Phone: _____ Cell Phone: _____

Mother's Name/Legal Guardian: _____
Home Phone: _____ Cell Phone: _____
Father's Name/Legal Guardian: _____
Home Phone: _____ Cell Phone: _____

Other persons authorized to pick up or contact in case of an emergency:
Name: _____ Phone: _____
Name: _____ Phone: _____

I hereby agree to indemnify and hold harmless the YMCA from any and all claims arising from or out of use of the YMCA's facility or designee as contemplated by this agreement.

I understand that the last scheduled class of the monthly session is reserved for recreational swim for all students and testing. Refunds will not be issued after the first week of classes. Medical documentation needed for refund to be issued.

_____ Date _____

Agreements:

Children and teens 17 and under must use the Youth Locker Rooms. I understand that if the parent and child are of the opposite gender, I must use the Family Restroom located in the pool area.
Parents initials _____ Date _____

I am responsible for the registered child and all others with me during the swim lessons. Everyone is to remain in my immediate presence while I am in the facility.
Parents initials _____ Date _____

I understand that due to unforeseen circumstances, classes may be cancelled the same day. Only classes cancelled by the YMCA will be made-up by the YMCA.
Parents initials _____ Date _____



