

Summer Swim

PLEASE SELECT

Summer 1 June 11th-July 21st (no programs week of July 2nd)

Summer 2 July 22nd-August 25th

Name of participant: _____ Male/Female Birthdate: ___/___/___ Age: ___

Address: _____ City: _____ Zip: _____

Parent / Guardian Name: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Any Medical or Physical Limitations Y / N

Any Medications currently being taken Y / N

If yes, please list: _____

If yes, please list: _____

Parent/child swim

- Wednesday 5:30-6:00pm
- Thursday 11-11:30am

Member Rate: \$21 Non—Member Rate: \$36

Preschool Swim

- Monday 5:30-6:00pm
- Monday 6:00-6:30pm
- Monday 6:30-7:00pm
- Wednesday 6:00-6:30pm
- Wednesday 6:30-7:00pm
- Thursday 10:00-10:30am
- Thursday 10:30-11:00am

Member Rate: \$28 Non—Member Rate: \$48

School Age Swim

- Monday 5:30-6:15pm
- Wednesday 5:30-6:15pm

Member Rate: \$37 Non—Member Rate: \$63

Semi Private Lessons

Preferred day and time:

Please list _____

Do you have a preferred instructor

If yes, please list _____

Member Rate: \$52/each Non-Member Rate:\$78/each

Private Lessons

Preferred day and time:

Please list _____

Do you have a preferred instructor

If yes, please list _____

Member Rate: \$104 Non-Member Rate: \$156

For Office Use Only

Date _____ Amount Paid _____ Receipt Number _____ Staff Initials _____

The YMCA will not refund program fees once payment is made for enrollment into a program.

Release from liability: Please read this carefully. When you sign this form you will be giving up important legal rights. In consideration of the acceptance of my program application I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. In signing this release from liability I waive and release everyone connected with the YMCA (staff & volunteers) from any and all liability which may arise from my participation in YMCA sponsored activities. In addition, I hereby grant my full and irrevocable consent to release any photographs/images to the YMCA of Marquette County for commercial and art purposes in any medium of advertising or communication.

Signature of Parent/Guardian (if applicant is under 18)

Signature of applicant

All Participants are required to register for the desired programs before they begin. Registration includes full payment and a completed registration form. Names will not be added to rosters without a full payment.