



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

## **Private Swim Lessons Registration Form & Waiver**

**Participant Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Scale of Comfort in Water (Scale from 1 to 10):** \_\_\_\_\_

**Parent/Guardian Name (If applicable):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

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

**Specific requirements needed to accomplish? Yes or No.**

**If Yes, Please specify:** \_\_\_\_\_

**Preferred Available Time Slots (Circle One) :**

**Tuesdays 4:00-4:45 PM**

**Tuesdays 5:00-5:45 PM**

All guests 16 and over must present a photo ID. All guests must complete a waiver prior to entry. Guests under the age of 18 must have a parent or guardian complete the waiver before accessing the facility. This waiver does not allow facility access unless it's accompanied by a valid Guest Pass.

I understand that the YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I expressly acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my families participation in these activities. I hereby release and discharge the Stephens Family YMCA, its agents, servants, and employees from any and all claims for injury, illnesses, death, loss or damage which I or any other member of my family may suffer as a result of my participation in these activities. I understand the Stephens Family YMCA is not responsible for personal property lost or stolen while members and/or guest members are using the YMCA facilities or on YMCA premises. I give my permission to the Stephens Family YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my or my family's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs.

I, THE UNDERSIGNED, ACKNOWLEDGE THAT THE STEPHENS FAMILY YMCA IS NOT RESPONSIBLE FOR THE ACTIONS OF ITS STAFF MEMBERS DURING TIME PERIODS WHEN THE STAFF IS NOT PERFORMING DUTIES SPECIFICALLY FOR THE YMCA.

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