



# Clifton Springs Area YMCA 2019

## Seahawks Summer Swim

### Registration Form

Register at [www.csaymca.org](http://www.csaymca.org), by mail, or in the office.

Swimmers Name \_\_\_\_\_ M / F

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Completed Grade \_\_\_\_\_

Address \_\_\_\_\_

1<sup>st</sup> Parent / Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2<sup>nd</sup> Parent / Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Allergies/Asthma (check off)  Yes  No If yes please explain and provide any additional information related to your child's medical conditions .  
\_\_\_\_\_  
\_\_\_\_\_

Ethnicity/Race: (circle) American Indian, African American, Caucasian, Asian/Pacific Islander, Hispanic, Other, No answer

Group: (circle) Bronze Silver Gold



Fee: \$115 Y-Members / \$125 Non-Members

*The first week a \$5 drop-in fee will be offered to make sure the program is a good fit before making the full commitment.  
Multiple Sibling Discount- 10% off given to the youngest child (immediate family)*

#### CONSENT & WAIVER

I give permission for my child, named in this registration, to participate in the Clifton Springs Area YMCA Seahawks program. To the best of my knowledge, my child is medically, emotionally and physically fit to participate in this program. I give permission to use my child's likeness in any and all promotional or advertising materials related to Clifton Springs Area YMCA Seahawks programs and events.

I understand and acknowledge that swimming is a physical sport and that my child may be injured while competing or practicing. I will not hold the Clifton Springs Area YMCA Seahawks Program, or the Phelps-Clifton Springs pool location its principles, or representatives responsible for any injury my child may sustain while participating in this program. In the event of an injury to my child and in my absence, I authorize the Clifton Springs Area YMCA Seahawks Program and its agents to obtain and provide emergency medical care and treatment as deemed necessary. I further agree to be legally and financially responsible. My health and accident insurance cover my child.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Use:  
Amount Paid: \_\_\_\_\_ Method of payment: \_\_\_\_\_ Date: \_\_\_\_\_  
Registraer by: \_\_\_\_\_