



Baker County Family YMCA - Swim Lessons

SEE BROCHURE FOR EACH SESSIONS SPECIFIC DAYS AND TIMES

Parent-Tot Swim Lessons: Ages 6 mo. to 3 yrs. (4 – ½ hr. lessons) _____ Member \$10/Non-Member \$15
 Learn-to-Swim Lessons-Training Pool: Preschoolers (8 - ½ hr. lessons) _____ Member \$20/Non-Member \$30
 Learn-to-Swim Lessons-Main Pool: School Age (8 – 1 hr. lessons) _____ Member \$30/Non-Member \$45
 Adult Swim Lessons: (4 – ½ hr. lessons) _____ Member \$10/Non-Member \$15

Days: _____ Time: _____ Swim Level: _____

Participant's Name _____ Male Female

Address _____ (first) _____ (last) Birth Date ____/____/____

City _____ State _____ Zip Code _____ Phone # _____ Age _____

Parent / Legal Guardian Name(s):

Parent / Legal Guardian _____ Home # _____ Work / Cell# _____

Parent / Legal Guardian _____ Home # _____ Work / Cell# _____

EMERGENCY CONTACT (other than Parent/Guardian)

Name _____ Home # _____ Work # _____ Cell # _____

Check your child's swimming ability: Good Fair Poor Non-Swimmer

Last level completed: _____

Swimming goals: _____

Medical Information

Child's Physician _____ Phone _____

Special medical conditions or allergies we should know about (please check all that apply):

- Diabetes Asthma Exercise asthma Epilepsy
 Hay Fever Nose Bleeds Fainting Spells Food Allergies
 Other (please explain) _____

Does your child take any medication(s) on a regular basis: Yes No

Specify medications _____

Photo Release Agreement (Optional)

Yes, I hereby grant permission for the Baker County Family YMCA to take and publish still photographs and/or publish those previously taken of my child.

Parent / Legal Guardian Signature _____

Date _____

The Baker County Family YMCA will not deny participation in any of its youth programs because of an individual's lack of funds. Contact the YMCA/Sam-O Swim Center Front Desk Staff, Monday through Friday, 9:00 a.m. to 3:00 p.m. for information regarding limited, partial scholarship applications which should be turned in **at least two weeks** before the sign-up deadline.

WAIVER and AUTHORIZATION: On behalf of my child/myself I certify that participant is in good physical condition and can participate in the YMCA program named above. Every responsible effort will be made to ensure the safety of the facility, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in activities and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for my child/myself. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my child's/own participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's/my participation in the program. **BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING.**

Signature _____

Date _____

MAIL IN OR BRING COMPLETED FORM AND FEE TO:

Baker County Family YMCA
580 Baker Street
Baker City, OR 97814

YMCA Fitness Center
2021 Main Street
Phone (541)523-YMCA (9622)

FOR OFFICE USE:

Amount Paid \$ _____ Date _____

Receipt # _____ Staff Initials _____