



BAKER COUNTY YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lifeguard Training Become a Certified Lifeguard



P-R-I-N-T NEATLY

Participant's Name _____
(first) (last)

Birth Date ___/___/___ Age _____ Male Female

Address _____

City _____ State _____ Zip Code _____ Phone # _____

E-Mail: _____

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

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

EMERGENCY CONTACT (other than Parent/Guardian)

Name _____ Home # _____ Work # _____ Cell # _____

Lifeguard Training Classes:

Class Dates: April 25th 5-8pm , April 26th 3-7 pm, April 27th 9am-1pm then 3pm-6pm,
April 28th 2pm-7pm

Final Test Date: April 29th 2pm-6pm

FEES Member: \$150.00 Non Member: \$225.00

MUST BE 15 YEARS OLD

The Baker County YMCA will not deny participation in any of its youth programs because of an individual's inability to pay the full program fee. Contact the YMCA Fitness Center, 3715 Pocahontas, Monday through Friday for information regarding limited, partial scholarships. Applications should be turned in *at least two weeks* before the sign-up deadline.

WAIVER and AUTHORIZATION. On behalf of my child: I certify that my child is in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, 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 sports programs 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. 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 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 participation in the program. I give permission for media to taken of my child(ren) to be used for YMCA promotional purposes.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Parent / Legal Guardian Signature _____

Date _____

BRING COMPLETED FORM AND FEE TO:

Sam-O-Swim Center Baker County YMCA
580 Baker St. 3715 Pocahontas Rd.
Baker City, OR 97814 OR Baker City, OR
97814
(541)523-8328 (541)523-9622

FOR OFFICE USE

Amount Paid \$ _____
Receipt # _____ Date _____