



# BAKER COUNTY YMCA

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Private Lessons One on One lessons

4- 25 minute lessons

Instructor \_\_\_\_\_

Time and Dates \_\_\_\_\_

Contact information \_\_\_\_\_



Please note we are not able to accommodate spectators for lessons  
cut or tear at dotted line and keep top portion

### 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 # \_\_\_\_\_

### **PRIVATE LESSONS**

**FEES**      Y Member: \$ 65.00      Non Member: \$95.00

**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  
580 Baker St.  
Baker City, OR 97814  
(541)523-8328

### **FOR OFFICE USE**

Amount Paid \$ \_\_\_\_\_  
Receipt # \_\_\_\_\_ Date \_\_\_\_\_