

Blaisdell YMCA Registration Form

Phone 612-827-5401 • Fax 612-827-5406

Please choose a session

Session 1 (January – March) Session 2 (March – April) Session 3 (April – June) Session 4 (June – August) Session 5 (September – November) Session 6 (November – December)

Adult (Parent/Guardian)

Name: _____ E-Mail _____
 Address: _____ City _____ State _____ Zip: _____
 Birthdate: ____/____/____ Gender: M F Day Phone: _____ Evening Phone: _____

PARTICIPANT

Participant's FIRST name	First:	First:	First:	First:
Participant's LAST name	Last:	Last:	Last:	Last:
Birthdate (required)	____/____/____	____/____/____	____/____/____	____/____/____
Gender	M F	M F	M F	M F

SWIM ACADEMY, YOUTH, SPORTS, TEENS AND SPECIALTY

1st Choice	Class Name/Skill Level				
	Seven-digit code				
	Day(s) & Time				
2nd Choice	Class Name/Skill Level				
	7-digit class code				
	Day(s) & Time				
3rd Choice	Class Name/Skill Level				
	7-digit class code				
	Day(s) & Time				
FEE(S) TOTAL		\$	\$	\$	\$

YES! I'd like to be placed with a friend (applies only to Youth Sports)

First name _____
 Last name _____

YES! I'm willing to coach my son/daughter's team (applies only to Youth Sports)

Phone _____
 Email _____

PAYMENT INFORMATION

Check Mastercard Money Order Discover Cash AMEX VISA

Credit card number _____ Exp. date _____
 Signature _____
If a fee is required, payment must be included for registration to be processed. FEES ARE NON-REFUNDABLE Member Initials _____
 I understand and agree to this refund policy.

Waiver of Liability

I understand that The Young Men's Christian Association of Greater St. Paul and Metropolitan Minneapolis assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and its directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I hereby release and discharge the YMCA to its directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a result of participating in these activities.

Parent/Guardian Authorization

- In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
- I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
- My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.
- I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
- I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature _____ Date ____/____/____

OFFICE USE _____ Processed By _____ Date _____ Amount _____ Payment Type _____