



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Effective: January 2019

2019 Masters Swim Registration Form

TWIN LAKES FAMILY YMCA

GENERAL INFORMATION

The Twin Lakes Family YMCA Masters Swimming is a program that offers swimmers, 18 years of age or older, a safe fun way to improve physical and mental wellbeing through swimming. This class is a specialized 60-minute swim workout that consists of all four competitive strokes, stroke drills, technique instruction, and interval-training. This class regularly swims approximately 2,000-3,000 yards in one hour. *This class usually has 3-4 people per lane with circle swimming.*
Be part of a swim group, come join the Masters!

Monthly Draft Only:

Members: \$42/month
Non Members: \$52/month

FREE TRIAL!
Before registering, try out this class one time for FREE. Contact kpequeno@ymcagwc.org and email what time you want to attend.



Days	TIMES
Tuesdays & Thursdays	9:00am - 10:00am
Tuesdays & Thursdays	6:00pm - 7:00pm
Saturdays	8:00am - 9:00am

-Spaces are filled on a first-come, first-serve basis. As a registered participant, you pay one time per month and can attend any of the times listed above.

Please Contact : kpequeno@ymcagwc.org with any questions.

A 14-day notice before your next draft date is required to cancel your automatic bank draft, which is required for this class. A cancellation form must be completed at the Member Services Desk.

I WILL GIVE \$1 \$2 \$5 Other: _____ TO HELP A CHILD LEARN HOW TO SWIM.

Y STAFF ONLY If a donation is made the code is 58 Initials _____
Required forms with drafting information submitted (19AQU) Initials _____

2017 MASTERS Registration Form

PARTICIPANT INFO

PARTICIPANT'S NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

D.O.B.: _____ CITY: _____ STATE / ZIP: _____

PARENT / GUARDIAN NAME: _____

CELL PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

MEDICAL CONCERNS (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

PARTICIPANT WAIVER

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that I require emergency treatment and my emergency contact cannot be reached, I hereby authorize the Y to make arrangements to transport me to the nearest hospital emergency facility. I give my consent for any and all necessary medical treatment, if, in fact I require the attention of a physician.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to me in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_____ **Waiver for Photo / Video / Audio Release (YES or NO):** I give my consent for any photos, video and/or audio taken of me involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted within the aquatics department unless a physicians note is submitted stating the inability to complete the class. Classes cancelled due to inclement weather, holidays, illness or unforeseeable circumstances will not be rescheduled or refunded. **A 14-day notice before your next draft date is required to cancel your automatic bank draft, which is required for this class. A cancellation form must be completed at the Member Services Desk.**

By signing below, I agree that I have read and understand all of the above information as it relates to Twin Lakes Family YMCA aquatics programs.

Parent / Guardian Signature: _____ Date: _____