



WATER FITNESS REGISTRATION FORM

CHASCO FAMILY YMCA

GENERAL INFORMATION

Water Fitness classes at the CHASCO Family YMCA are paid for by the session. While registration is ongoing, we do encourage participants to register before the start of the class in order to hold your spot. No refunds or transfers are permitted and all sales are final - except in the case of health-related injuries or hospitalization. Youth participants must be at least 15 years of age and those participants who are 14-15 years must be accompanied by their parent / legal guardian. All participants are encouraged to wear aqua socks or water shoes. Of note, no refunds will be given for unforeseen circumstances such as weather, etc.

Aqua Core & More – CHASCO Family YMCA Warm Water Therapy Pool – Space is limited!

Enjoy this unique water fitness class that provides a blend of strength, core toning and flexibility in one fun-filled class! This class is designed for all ages that have arthritis, joint or pulmonary issues, and is also beneficial for post-rehab participants.

OFFICE CODE	DAY/ TIME/ DURATION	SESSION 2 Feb 1 - Feb 29	
		Y MEMBER RATE	NON-MEMBER RATE
20AQ 02AC	TUESDAY	\$27	\$35
	11:15 AM - 12:05 PM		
	WEDNESDAY	\$27	\$35
	11:00 AM - 11:50 AM		
	FRIDAY	\$27	\$35
	9:45 AM - 10:35 AM		

Deep Water Aerobics – CHASCO Family YMCA Lap Pool

This high intensity, non-impact workout in the deep end of the pool will give you a great cardio workout and challenge you lower body and core.

20AQ 02DW	TUESDAY	\$27	\$35
	10:15 AM - 11:05 AM		
	WEDNESDAY	\$27	\$35
	10:00 AM - 10:50 AM		

Y STAFF ONLY

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(20AQ) Class: _____ Day: _____ Time: _____ Amt. Paid: _____ Staff Initials: _____

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Participant Information

Participant Name _____ Gender _____ Age _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Parent/Guardian Name _____

Main Phone to call (if on waitlist this number is the one we will call) _____

Email _____

Emergency Contact Name _____

Home Phone _____ Cell _____

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 or Parent / Guardian Acknowledgments

Please INITIAL all lines to indicate received written policies / materials and agree to terms.

_____ **Policies Waiver (REQUIRED):** I have received a copy of the swim lessons descriptions and aquatics policies regarding swim lessons. I am clear about the policies stated.

_____ **ADA Policy (REQUIRED):** Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ **Waiver for Photo/Video Release (OPTIONAL):** I give my consent for any official photos or videos taken of me while involved in Y programs to be used for Y promotions, trainings or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted with the aquatics department unless a physician's note is submitted stating the inability to complete the class. Classes canceled due to inclement weather, holidays, illness or unforeseeable circumstances will not be rescheduled or refunded. Of note, there will be a \$10 fee for all cancellations or transfers submitted prior to two (2) weeks from the lesson start date. Once the two (2) week deadline prior to the lesson start date passes, no refunds will be made, so please make sure that your time and dates work for you.

_____ **Additional Notes (REQUIRED):** Financial as available for all those who qualify. For any questions or concerns, please contact the Chasco Family YMCA Aquatics Director at 512-246-9622.

X _____

Signature of Participant or Parent / Guardian

Date