



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

YMCA name: \_\_\_\_\_

Lesson location: \_\_\_\_\_

Day/time: \_\_\_\_\_

Session start/end dates: \_\_\_\_\_

# SWIM LESSONS REGISTRATION FORM

<b>Class ID #:</b>		<b>Program cycle:</b>	
<b>Age/stage:</b>		<b>Instructor:</b>	
<b>Fee:</b>			
<b>STUDENT INFORMATION</b>			
<b>Student's first name:</b>		<b>Student's last name:</b>	
<b>Student's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		<b>Student's birth date (mm/dd/yyyy):</b>	
<b>Name of parent/caregiver (if applicable):</b>		<b>Y Member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Home address (city, state, zip code):</b>		<b>Phone:</b>	<b>Email:</b>
<b>Emergency contact:</b>		<b>Emergency phone:</b>	
<b>PAYMENT INFORMATION</b>	<b>How did you hear about this program?</b>		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other:	<input type="checkbox"/> Y staff member/volunteer <input type="checkbox"/> Friend/family member/word of mouth <input type="checkbox"/> Mailing/email communication <input type="checkbox"/> Poster/flyer/Y event <input type="checkbox"/> Y's website <input type="checkbox"/> Media (TV, Web, radio, print, etc.) <input type="checkbox"/> School <input type="checkbox"/> Community-based organization <input type="checkbox"/> Other, please specify:		

☐ I have signed and returned the required photo, audio/video, narrative release form.

☐ I have signed and returned the Y's standard liability waiver.

As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data.

I authorize and acknowledge that I have read, understand, and agree to the above.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/caregiver signature

\_\_\_\_\_  
Date