McLeod Family YMCA

Group Swim Lesson Registration Form

Date Submitted ___/____/____

Participant Name ____________________
DOB ___/____/____ Age _____ Gender _____

Address __________________________________ City ____________________ Zip __________

Parent/Guardian Name ____________________ Email ______________________

Home Phone ___________________________ Cell Phone ___________________________

Emergency Contact ___________________________ Cell Phone ___________________________

(Other than parent/guardian)

Preferred Skill Level (circle one if known):

Parent Tot     Tiny Tot     Polliwog     Guppy     Minnow     Fish     Flying Fish     Shark
(6mo - 3yrs)   (3 - 5yrs)   (BEGINNER)     (INTERMEDIATE)     (ADVANCED)

Select Session, Morning or Evening, Time Slot and Pricing

**MONDAY – FRIDAY LESSONS**

**Session 1**  
__ (Morning) M-F June 1 – June 12  
__ (Evening) M-TH June 1 – June 11

**Session 2**  
__ (Morning) M-F June 15 – June 26  
__ (Evening) M-TH June 15 – June 25

**Session 3**  
__ (Morning) M-F July 6 – July 17  
__ (Evening) M-TH July 6 – July 16

**Session 4**  
__ (Morning) M-F July 20 – July 31  
__ (Evening) M-TH July 20 – July 30

Mon – Fri Morning Lesson Time Slots  (choose one)  
__ 10:10 -10:40am  __ 10:50 -11:20am  __ 11:30 -12:00pm

Mon – Thur Evening Lesson  
6:15-6:50pm

**SATURDAY LESSONS**

Meets the first Saturday of each month for 4 weeks (4 Lessons)

__ June Session Starts June 1st  
__ July Session Starts July 11th

Morning Lesson  
10:15-10:50am

**Pricing For Y Members**

__ Morning/Evening Lessons $45  
__ Saturday Lessons $30

**Pricing for Nonmembers**

__ Morning/Evening Lessons $85  
__ Saturday Lessons $50

(Please complete back side of form)
Assumption of Risk, Indemnification, Waiver of Liability, and Acknowledgement

Assumption of Risk: I, the undersigned, request voluntary participation of all swimming programs, classes, and activities offered at the YMCA of Central New Mexico. The swimming programs, classes, and activities offered via the YMCA of Central New Mexico are low impact with little to no contact involved. It is possible that participants may suffer from injuries as common as cramps and muscle strains. More severe, but less common injuries participants may suffer are cuts, concussion, heart attacks, drowning, strokes, paralysis, and death. These injuries may be caused by, but are not limited to: slips and falls, dehydration, heart related illnesses, blows to the head, and stress placed on the cardiovascular system. I, the undersigned, know the inherent risks offered by the YMCA of Central New Mexico, understand those risks, appreciated those risks, and agree to assume responsibility for those risks.

Indemnification Agreement: I, the undersigned, shall defend, indemnify, and hold harmless the YMCA of Central New Mexico, representatives, management, employees, volunteers, agents, and sponsors from any and all claims, demands, losses, damages, and liabilities for indemnities for contribution or otherwise, with respect to any damage and/or injury, of any type, arising from my participation in the swimming programs.

Waiver of Liability: In consideration of being permitted to participate, I, the applicant, on behalf of myself, my spouse, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless to the YMCA of Central New Mexico, representatives, management, employees, volunteers, agents, and sponsors, for any injury, loss or damage to my person(s) or property howsoever caused, arising out of or in connection with my partaking in swimming programs, classes, and activities. And notwithstanding that the same may have been contributed to or occasioned by the negligence of the YMCA of Central New Mexico, representatives, management, employees, volunteers, agents, and sponsors. Please note: Participants must supply their own swim equipment.

Acknowledgement: The undersigned acknowledges that He or She is desirous of using, as a membership/participant basis, the YMCA of Central New Mexico and the waiver was read and agrees to abide by it.

Participant Name (Please Print): __________________________________________________

Parent/Guardian Name (If Participant is a Minor): ________________________________

Signature (Parent/Guardian if Participant is a Minor): ____________________________

Date: ___/___/____