



MIDDLESEX YMCA
FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cromwell Park and Recreation Summer Swim Registration 2016

(Please fill out one registration form for EACH CHILD)

Child's Name: _____ Age: _____

Address: _____

Parent's Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address _____

Emergency Contact: _____ Phone: _____

Please Circle Session(s)

- Session 1: June 13-June 24.....\$90.00 per swimmer
- Session 2: June 27-July 8.....\$79.00 per swimmer
- Session 3: July 11-July 22.....\$90.00 per swimmer
- Session 4: July 25-August 5.....\$90.00 per swimmer
- Session 5: August 8-August 19.....\$90.00 per swimmer

Sessions run Monday through Thursday from 11:00 to 11:45 am

Please list any conditions, medical or otherwise, that would require special attention:

Refund Policy:

- *If a participant cancels before the second class is held a prorated refund of the program fee will be made, minus a \$15.00 bookkeeping fee.*
- *Program fees will be refunded on a prorated basis anytime during the session (minus a \$15.00 bookkeeping fee) for medical reasons with a written statement from a physician.*

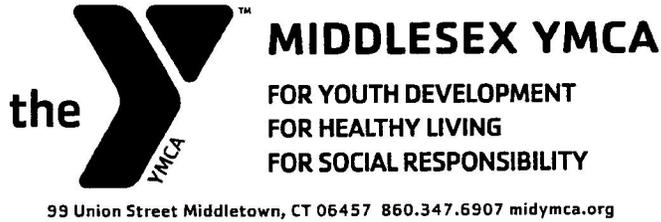
I will transport my own child: Yes No I will participate as a bus parent: Yes No

Nearest Intersection for bus pick up: _____

Please note- Cromwell Recreation Dept. is responsible for anything related to transportation.

I hereby release the Northern Middlesex YMCA and Cromwell Recreation Department and it's agents from liability in this program and have a doctor's permission to participate.

Parent's Signature: _____



Waiver

I understand that while exercise is instrumental to maintaining good health, use of the facilities at the YMCA incurs some potential risk. I have answered the health screen form accurately and will obtain medical clearance, if necessary. In consideration for being allowed to participate in the activities and to use the equipment and facilities at the YMCA, I assume the risk of all such usage and further agree to hold harmless the YMCA and its staff members from any and all claims, suits, losses, or related causes of action for damages including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way for exercising or using the facilities at the YMCA.

| | | |
|--------------------------------|----------------------|------|
| Guardian's Name (please print) | Guardian's Signature | Date |
|--------------------------------|----------------------|------|

Please print child's name below:

| | |
|-----------------------------|-----------------------------|
| Child's Name (please print) | Child's Name (please print) |
| Child's Name (please print) | Child's Name (please print) |

Release for Use of Photo

I hereby give the Northern Middlesex YMCA permission to use the photograph(s) taken of me and/or my child(ren) for use in YMCA advertising and promotion.

I hereby release the Northern Middlesex YMCA from any claim arising out of or in connection with the use of the photograph(s).

| | | |
|--------------------------------|----------------------|------|
| Guardian's Name (please print) | Guardian's Signature | Date |
|--------------------------------|----------------------|------|