



# Swim Lesson Registration Form

FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_

Swim Permission:  **Beginner Swimmer**  **Intermediate Swimmer**  **Advanced Swimmer**

Parent/Guardian: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Parent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

**Program Dates:**

**PROGRAM PARTICIPANT WAIVER**  
**The Williams School**

I am an adult over 18 years of age and wish to participate in, or have my child/children participate in YMCA of South Hampton Roads program activities. In consideration of being permitted to utilize the facilities, services and programs of the YMCA, including, but not limited to observation or use of facilities or equipment, or participation in any off site affiliated with the YMCA, the undersigned, for himself or herself and any personal representative, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has immediately upon entering or participating inspected and carefully considered such premises and facilities or affiliated program. In addition, I give my child/children to participate in YMCA of South Hampton Roads programs. I understand that even when every reasonable precaution is taken accidents can sometimes happen. Therefore, in exchange for allowing my child/children to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to identify and save harmless the YMCA from any claims or demands arising out of any such injuries or losses. I understand that this release includes any claims based on negligence, action or interaction of the YMCA of South Hampton Roads, its staff, directors, member, and guest. I have read, understand and am voluntarily signing this authorization and release.

I understand that the YMCA of South Hampton Roads is not responsible for personal property lost, damaged or stolen while using the YMCA facilities on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA of South Hampton Roads to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for the purpose of promotion or interpreting YMCA programs.

**By signing below, you are authorizing all of the above.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Note: Parent or guardian must sign if applicant is under 18 years of age.

Blocker Norfolk YMCA  
312 W Bute Street  
Norfolk, VA 23510