



Fort Mill YMCA Lifeguard Course Registration Form

Participants Name: _____ **Birthdate:** ___/___/___ **Age:** ____

Parent(s) Name(s): _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Participants Status: ____ **Member \$175** ____ **Non-member \$225**

Session Number: Circle One Spring Sessions 2007

Session 1 (3/28-3/30) Session 2 (4/7-4/10) Session 3 (4/18-4/20)

Session 4 (4/25-4/27) Session 5 (5/2-5/4)

Cash/Check/Credit Card/Gift Certificate Received by: _____ **Date:** ___/___/___

1. I hereby certify that I/my child am/is in normal health and capable of safe participation a Red Cross Lifeguard Course. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for me/my child in the event that an emergency contact cannot be reached.
2. In return from me/my child being allowed to participate in the lifeguard certification course, I agree in no way hold the YMCA, their employees, sponsors, or affiliates liable from all present and future claims that may be made by participant, me, or family. I understand that participation in this program involves certain risks, including but not limited to serious injury. I am voluntarily allowing myself/my child to participate in this program with knowledge of danger involved and agree to all risks of such participation.
3. I authorize the YMCA to take pictures of me/my child for promotional purposes only. I understand that the photos will not be accompanied by my/my child's name.
4. I understand there will be a \$5 processing fee for canceling to receive a refund.

I have read and understand the above terms and agreements. I understand that the YMCA does NOT provide insurance.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____