



# YMCA OF FLORIDA'S EMERALD COAST, INC.

## DESTIN YMCA AQUATIC CENTER SWIMMING REGISTRATION

Participants Name \_\_\_\_\_

**Last** \_\_\_\_\_ **First** \_\_\_\_\_ **MI** \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender M F Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Address \_\_\_\_\_

**Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_/Work \_\_\_\_\_/Cell \_\_\_\_\_

### PARENT/GAURDIAN INFORMATION (If under 18)

Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_/Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

In case of minor injuries, our YMCA staff is trained in basic first aid and CPR. Does the YMCA staff have your permission to utilize normal first aid procedures if you/your child requires it? **YES** \_\_\_\_ **NO** \_\_\_\_

### MEMBERSHIP WAIVER:

I, the participant or parent/guardian of a participant under the age of 18, am choosing to participate(or authorize my child to participate) in membership or programs/activities located at a branch of the YMCA of Florida's Emerald Coast, Inc. including the use of its facilities, equipment and machinery. I do hereby waive, release, and forever discharge the YMCA of Florida's Emerald Coast, Inc. and all of its branches and its officers, agents, employees, representatives, executors, contracted personal trainers, and all others from any and all responsibilities or liability from injuries and damages resulting from my(or my child's) participation. I understand that there are risks with any type of exercise program, and have consulted with my physician before committing myself to any of the programs/activities located at a branch of the YMCA of Florida's Emerald Coast, Inc. If applicable, I hereby certify that my child(ren) is/are in normal health and capable of participating in a YMCA program activity. I understand that the YMCA of Florida's Emerald Coast, Inc. and its branches are not responsible for personal property lost or stolen while members and/or program participants are using any of the YMCA of Emerald Coast, Inc. facilities or on YMCA premises. I have read and accept the information provided in its entirety and accept these policies as the participant (or parent/guardian of a participant under the age of 18) in a program/activity provided by any branch of the YMCA of Florida's Emerald Coast, Inc.

I understand that all fees are due in advance of participation in any YMCA program/activity and are non-refundable. Monthly program fees are due and payable prior to the start of the program/activity. Payments made past the fifth day of each month are subject to a late payment fee of \$15.00. A \$10.00transfer fee applies to change programs before the session is completed. I also grant the YMCA permission for photographs or video of myself or minor child participating in any YMCA program/activity to be used by the YMCA association, whether locally or nationally, to help promote YMCA programs/activities. I have read and accept the information provided in its entirety and accept these policies as the participant in a program/activity provided by the YMCA of Florida's Emerald Coast, Inc.

Signature \_\_\_\_\_ Date \_\_\_\_\_

YMCA MEMBER? YES \_\_\_\_ NO \_\_\_\_

### SUMMER SESSION DATES

Session I	June 14 – 24
Session II	June 28 – July 9 (no class July 5)
Session III	July 12 - 22
Session IV <b>SATURDAYS</b>	June 12 – Aug 7 (no class July 3)

### SWIM LESSONS & TIMES

Parent/Tot	9:00 – 9:30am
<b>Parent/Tot</b>	<b>SAT - 9 – 9:30am</b>
Skippers	9:45 – 10:15am
Skippers	5:30 – 6:00pm
<b>Skippers</b>	<b>SAT - 9:45-10:15am</b>
Progressive	10:30 – 11:00am
Progressive	6:15 – 6:45pm
<b>Progressive</b>	<b>SAT - 10:30 – 11am</b>

### FEES PER SESSION

Facility Member.....\$48.00  
Program Participant.....\$62.00

Minimum 3 students required for class

### For YMCA Use Only

Date Paid \_\_\_\_\_ Amt \_\_\_\_\_

Session \_\_\_\_\_

Start Date \_\_\_\_\_ Time \_\_\_\_\_

Receipt # \_\_\_\_\_

Staff Signature \_\_\_\_\_

↓ SESSIONS	LESSON →	PARENT / TOT	SKIPPERS		PROGRESSIVE		Private Lesson
SESSION I June 14 – 24		9:00am -9:30am	9:45am – 10:15am	5:30pm – 6:00pm	10:30aam – 11:00am	6:15pm – 6:45pm	
SESSION II June 28 – July 9 (No class July 5)		9:00am -9:30am	9:45am – 10:15am	5:30pm – 6:00pm	10:30aam – 11:00am	6:15pm – 6:45pm	
SESSION III July 12 – 22		9:00am -9:30am	9:45am – 10:15am	5:30pm – 6:00pm	10:30aam – 11:00am	6:15pm – 6:45pm	
SESSION IV June 12 – Aug 7 SATURDAYS ONLY (No class July 3)		9:00am – 9:30am SATURDAY	9:45am – 10:15am SATURDAY		10:30am – 11:00am SATURDAY		
		Ages 6 months – 2 years old	Ages 3 – 5 years old		Ages 6 – 12 years old		

**For Official Use Only**

DATE PAID	AMOUNT	RECEIPT	SESSION / LESSON	STAFF