



**SWIM TO ROW
COMPLETE ONE FORM PER CHILD**

Participants Name _____

Address _____ Date of birth _____

City _____ State _____ Zip _____

Parent/Legal Guardian's Name _____ Parent Date of Birth _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

IN CASE OF EMERGENCY

Name _____
Address _____
Home _____
Cell # _____ Work # _____

Name _____
Address _____
Home _____
Cell # _____ Work # _____

Prior Swimming Experience: None Can tread water Can float Basic strokes Proficient

Participant's Allergies: _____

Participant's Medical Conditions: _____

MEDICATIONS CANNOT BE GIVEN TO ANY CHILD BY ANYONE EMPLOYED BY THE YMCA OR ITS PARTNERS.

Name of Participant's Physician _____

Physician's Telephone _____

*Registration Fee: SWIM2ROW \$20 SKILLS2ROW \$25 READY2ROW \$30

WAIVER OF LIABILITY RELEASE FORM

I am aware of the nature of this activity and I hereby assume responsibility for _____
(Participant's Name)
to participate and to be photographed for publicity purposes. I am certifying that my above child is medically fit and able to participate in the required activity. Also, I will not hold the YMCA and/or its employees or partners responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the YMCA prior to participation in this program.

Parent/Legal Guardian Signature _____ Date _____