

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

**Aquatics Registration  
Spring 2012**

**Swimming Lessons \$50 M \$65 NM and take place on Tues./Fri.**

Session & Time	Pike/Eel	Ray/S. Fish	Polliwog	Guppy	Minnow	Fish	P/C
January	5:00						
3-27	6:00						
Feb./Mar.	5:00						
7-2	6:00						
March	5:00						
6-30	6:00						
April	5:00						
3-27	6:00						
May	5:00						
1-25	6:00						

**Private Lessons (\$20M \$25NM):** \_\_\_\_\_ **How Many?** \_\_\_\_\_

**Adapted Aquatics (\$10M \$25NM) 4 Lessons per month:**

**CPR only \$30 M \$45 NM ;First Aid only \$20 M \$35 NM; Both \$50 M \$65NM**

January 7, 2012 10:00 am - 3:00 pm (FA @1:00)
February 4, 2012 10:00 am - 3:00 pm (FA @1:00)
March 3, 2012 10:00 am - 3:00 pm (FA @1:00)
April 7, 2012 10:00 am - 3:00 pm (FA @1:00)
May 5, 2012 10:00 am - 3:00 pm (FA @1:00)

**Lifeguard Training \$155 M \$170 NM (age 16&up)**

January 19, 20, 21 & 26, 27, 28 2012 TH & FRI 5-9PM, SAT 9AM-5PM
February 16, 17, 18 & 23, 24, 25 2012 TH & FRI 5-9PM, SAT 9AM-5PM
March 22, 23, 24 & 29, 30, 31 2012 TH & FRI 5-9PM, SAT 9AM-5PM
April 19, 20, 21 & 26, 27, 28 2012 TH & FRI 5-9PM, SAT 9AM-5PM
May 10, 11, 12 & 17, 18, 19 2012 TH & FRI 5-9PM, SAT 9AM-5PM

**Junior Lifeguard Training \$75 M \$100 NM (age 11-15 only)**

**Same dates and times as lifeguard training**

**Babysitter Training \$40M \$60 NM (age 11-15 only)**

January 14, 2012 10:00 am - 2:00 pm (bring a sack lunch)
February 11, 2012 10:00 am - 2:00 pm (bring a sack lunch)
March 10, 2012 10:00 am - 2:00 pm (bring a sack lunch)

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

	April 14, 2012 10:00 am - 2:00 pm ( <b>bring a sack lunch</b> )
	May 12, 2012 10:00 am - 2:00 pm ( <b>bring a sack lunch</b> )
<b>SCUBA \$100</b>	
	March 6, 2012 6:00pm (Class Sets Schedule)
	April 3, 2012 6:00pm (Class Sets Schedule)
	May 1, 2012 6:00pm (Class Sets Schedule)
<b>Killer Whales Summer League \$65M \$75NM</b>	
	March 1 -31, 2012 M-TH 3:45-5:45pm (See brochure for details)
	April 1-30, 2012 M-TH 3:45-5:45pm (See brochure for details)
	May 1-31, 2012 M-TH 3:45-5:45pm (See brochure for details)

YMCA OF CENTRAL TEXAS  
LIABILITY WAIVER: INDEMNIFICATION AND HOLD HARMLESS AGREEMENT  
EFFECTIVE JANUARY 1, 2010 – DECEMBER 31, 2010  
YMCA: DMFY or WFY

Participant's Name \_\_\_\_\_ Member (Y / N) # \_\_\_\_\_ D/O/B \_\_\_\_\_ Age \_\_\_\_\_  
Sex \_\_\_\_\_ Home Phone \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Drivers License Number (over 18) If participant is  
under 18:  
Parent/Guardian's Name: \_\_\_\_\_ D/O/B \_\_\_\_\_ Drivers License  
Number \_\_\_\_\_ Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

The YMCA of Central Texas will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent child/events and outings, special events, sports programs, or any related YMCA sponsored activities. Nor will the YMCA of Central Texas be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA program locations. I, the undersigned for myself and for my heirs, so hereby release the YMCA of Central Texas and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Central Texas to use photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs for no compensation.

**MEDICAL RELEASE**

I authorize the YMCA to provide or obtain emergency medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care, I am responsible for all expenses.

**WATER ACTIVITIES**

I hereby give consent for my child to participate in water activities that might be offered by the YMCA. I give the YMCA staff permission to assist my child in the application of sunscreen.

**PLAYER / PARENT CONTRACT**

We as parents agree to abide by the rules and regulations laid down by the YMCA for both player conduct and present conduct in the clinic keeping with the YMCA's purpose of teaching fair play, cooperation, sportsmanship, honesty, responsibility, respect, and caring. As parents we will serve as positive role models for our children by exhibiting such behavior and values.

\_\_\_\_\_  
Signature of Participant/Parent or Legal Guardian (18 years or older)

\_\_\_\_\_  
Date

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