



YMCA LIFEGUARD CLASS REGISTRATION

Date of application: _____

Date/Time of Training: _____

Name (print): _____

Date of Birth: _____

Age: _____

Parent/Guardian: _____

Phone: _____

Address: _____ City: _____ State: _____

Email: _____

Emergency Contact Name: _____ Phone: _____

Special Needs: _____

How did you hear about the program? _____

I do give permission for my child and/or myself to be photographed or video taped while at The Blossman Family YMCA. The Blossman YMCA has my permission to obtain and/or to give care to myself/or my child if needed. I hereby release all rights and claims against the The Blossman YMCA for any and all injuries and accidents including transportation to and from the YMCA activity or transportation for emergency medical treatment involving myself/or my child.

***Each participant must be 15 years old.**

Signature (parent/guardian if under 18 years old): _____ Date: _____

FOR OFFICE USE ONLY

Time received by office: _____

Person who received registration form: _____

Was 1 month membership given at time of registration? _____