

## CAMP SWIM LESSON FORM LAURENS YMCA

## A. Participant Information

First Name: Last Name:				
Date of Birth://	_ Current Grade Level:	Gender: _	Male	Female
Address:		State:	_ Zip:	
		Number:		
B. CHOOSE YOUR SES	SION:			
CHOOSE WHICH MONTH YOU BE DURING CAMP SWIM TIME.				-
MEMBERS- \$40 JUNE				
JULY				
NON-MEMBERS- \$50				
JUNE				
JULY				
C. Swim Ability, Health	Information, and Wa	iver		
Please rate your child's swim ab	ility (circle one): BEGINNER	NTERMEDIATE	ADVANC	ED
Medical Conditions or Health Pro (All information will be kept con Please describe participants sw Has the participant taken lessor	fidential)			
What does your child need to wo				
Allergic Reactions (Please detail Any Fears?				
I, parent/guardian of the named ch tion is made with the expressed und or injury that the applicant may rec the YMCA reserves the right to reje sponsors harmless against any and or during transport to/from said pr mal program activities to be used in that all fees must accompany applic	ild, hereby give my permission for derstanding that I hold the YMCA I eive while in attendance of this pr ct any and all applications. Applic all damages due to sickness or in ogram. I give permission for photo n YMCA promotional materials wit	his/her participat larmless and it is logram, during tra ant agrees to hold ury occurring whi lographs to be take nout thought of re	ion in this p not respons nsport to an I the YMCA, i le in attenda en of my chile	rogram. This applica- ible for any sickness d from program and its employees and ance at this program, d or me during nor-
Print	Signature			Date