

Corsicana YMCA  
Lifeguard Certification Course  
Registration Form

Name\_\_\_\_\_ DOB\_\_\_\_\_ Age\_\_\_\_\_

Address\_\_\_\_\_

Phone\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Phone\_\_\_\_\_

Any medical conditions?\_\_\_\_\_

I understand that participation is done at the risk of the participant and I agree to hold the YMCA, its employees and agents harmless from loss or expense related to injury or loss of property. I hereby agree to assume such risks and such financial responsibility.

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

Parent/Guardian Signature\_\_\_\_\_ Date\_\_\_\_\_

(if under 18)

