

Corsicana YMCA

Swim Lesson Registration

Child's Name:		Race:		
Birthdate:	Age:			
Address:				
City:	State:	Zip:		
Home Phone:				
Work Phone:				
Parents Name:		D.O.B		
E-mail address:				
Please register me for:				
Session:Level:	Time:	Day Camp: Y / N		
Class (Parent/Child or Group):			
The Corsicana YMCA will not assume responsible for any lost or stolen YMCA premises, or on off-site YMCA programs, or on off-site YMCA programs, or on off-site YMCA programs the Corsicana YMCA and its employees and result of my participation, including any inguing agents, volunteers, or the negligence of ar film footage, or tape recordings, which may programs for no compensation.	nd outings, special events, sports proent during participation in these progitems while members and/or program locations. I, the undersigned, for diagents from any and all claims for jury caused by the negligence, if any nyone else. I give my permission to	grams or any related YMCA sponsored grams and events. Nor will the Corsicana am participants are using YMCA facilities, or myself and my heirs, do hereby release injury, loss or damage I may suffer as a or, of the YMCA, its officers, employees, the Corsicana YMCA to use photographs,		
Signed:		Date:		
Office Use Only				
Amount Paid:	Cash Check C	Credit Card		
Staff: Date				