



# Pomona ValleyYMCA Aquatics Enrollment Form

Level Placed \_\_\_\_\_ Days: \_\_\_ Mon/Wed \_\_\_ Saturday Time: \_\_\_\_\_ Location: Maple Hill

Participant's Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City Zip

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Age: \_\_\_\_\_ Sex (circle) Male Female

Ethnicity (circle) Asian/Pacific Islander African-American Hispanic/Latino Native American Caucasian Other

**Parent/Guardian 1** Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City Zip

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Guardian 2** Name \_\_\_\_\_

Last First Middle

Address \_\_\_\_\_

Street City Zip

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Place of employment \_\_\_\_\_ Work Phone \_\_\_\_\_

### Participant Swim History

Child has taken swim lessons before? \_\_\_ Yes \_\_\_ No If yes how many years \_\_\_\_\_ Classes through the YMCA? \_\_\_ Yes \_\_\_ No

### What level do you feel your child falls in:

- Level 1-Water acclimation, Increases comfort with under water exploration and introduces basic self rescue skills with assistance.
- Level 2-Water Movement, Encourages forward movement in water and basic self rescue skills performed independently..
- Level 3-Water Stamina, Develops intermediate self rescue skills performed at longer distances than in previous stages..
- Level 4-Stroke Intro., Introduces basic stroke technique in front & back crawl & reinforces water safety with treading water & elementary backstroke.
- Level 5-Stroke Development, Introduces breaststroke & butterfly & reinforces water safety with treading water & side stroke..
- Level 6-Stroke Mechanics, Defines stroke technique in all major competitive strokes & encourages swimming as a healthy lifestyle.

**Authorization and Acknowledgement:** I give my child permission to participate in all activities of the program. I understand that the YMCA of Orange County/Maple Hill YMCA assumes no financial obligation, but in case of illness or accident, the YMCA of Orange County/Maple Hill YMCA has my authority to secure medical attention. I further accept that my child is physically fit to participate in the activities. This authorization is to remain in force from date of signing unless revoked in writing. I understand that NO REFUNDS will be made for days missed and early withdrawal. I understand that DEPOSITS / ADVANCE PAYMENTS ARE NONREFUNDABLE in the event of early withdrawal from the program. I also understand that ALL PAYMENTS ARE DUE PRIOR TO RECEIVING SERVICES.

**Consent for Emergency Medical Treatment:** As the parent or authorized representative, I hereby give consent to the YMCA of Orange County/Pomona Valley YMCA to obtain all emergency medical and/or dental care prescribed by a duly licensed physician (M.D.), osteopath (D.O.), or dentist (D.D.S.) for \_\_\_\_\_. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the child named above. Child has the following medication allergies: \_\_\_\_\_

Check if child has NO known medication allergies.

**Photo Release:** I hereby grant permission for my child to be included in brochures and publicity pictures connected with the YMCA of Orange County/Maple Hill YMCA programs.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian



**YMCA OF ORANGE COUNTY/POMONA VALLEY YMCA  
Release and Waiver of Liability and Indemnity Agreement**

Adult Member/Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please Print)

Child Member/Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Please Print)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In consideration of participating in any YMCA program or using any YMCA facility, the undersigned agrees to the following:

1. **THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA**, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage on account of injury to the person or property except as caused by the negligence of the releasees.
2. **THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS** the releasees from any loss, liability, damage or cost they may incur due to the undersigned's participation in YMCA programs or use of YMCA facilities except as caused by the YMCA's negligence.

**THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

**THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Contact Name

\_\_\_\_\_  
Emergency Contact Number

