



Oviedo Family YMCA Swim Lesson Registration Form

Sessions/Days/Times: Please circle one:	
<p><u>Session:</u></p> <p style="font-size: 1.5em;">Nine</p> <p style="font-size: 1.5em;">Ten</p>	<p style="font-size: 1.2em;">Flying Fish 6:30 PM-7:15 PM (Monday/Wednesday)</p> <p style="font-size: 1.2em;">Shark/Porpoise 6:30 PM-7:15PM (Tuesday/Thursday)</p>
Participant Information:	

First & Last Name: _____ Phone No.: _____

E-mail: _____ Alt. Phone No.: _____

Address: _____ City: _____ Zip: _____

Member♦ Non-Member Age: _____ DOB: ___/___/___ Gender: M / F
 ♦Must be a family member

Member Number: _____

Parent/Guardian's First & Last Name: _____

Special Request: _____
**We do our best to honor all requests; however circumstances may hinder us from honoring some requests.*

How did you hear about the program? Flyer Friend Direct Mail Other: _____

By signing, I verify that the participant is in good physical condition and I will waive all responsibility to the Central Florida YMCA, Directors, Sponsors, and Volunteers for any injuries. I also understand that aquatic activities may be dangerous and may cause minor or serious injury to my child. I also will allow the Oviedo YMCA to use my child's photograph in promoting the youth sports program. I also understand that there is no make-ups on missed classes unless the pool is closed due maintenance problems. I support the YMCA philosophy, which is based on family involvement, fun, participation, fair play, skills, teamwork, fitness, volunteers and character development.

Participant's Signature (min. 18 yrs. old): _____ Date: _____

Parent/Guardian's Signature (for minor): _____ Date: _____

Youth Scholarship Donation:

I am interested in supporting the Oviedo YMCA Scholarship Campaign: \$25 \$50 \$100 Other _____

For Official Use Only: Date Paid: _____ Amount Paid: \$ _____ Staff: _____
--

Aquatics