

LIFEGUARDS REGISTER HERE!

First and Last Name _____ D/O/B _____

Address _____ City, State _____ Zip _____

Preferred Phone _____ Participant (Not Parent) Email: _____

Emergency Contact _____ Cell Phone _____ Work Phone _____

COURSE SCHEDULE

(Please check which course you are registering for below)

<input type="checkbox"/> Dec 20-23	<input type="checkbox"/> April 6-8
<input type="checkbox"/> Jan 17-19	<input type="checkbox"/> April 8-10
<input type="checkbox"/> Feb 14-16	<input type="checkbox"/> May 4-8
<input type="checkbox"/> March 13-15	<input type="checkbox"/> May 15-17



CLASS Fees:

YMCA Member Rate: \$175.00

Non Member Rate: \$200.00

*Does not include KY 6% sales tax

WAIVER OF LIABILITY: I understand and agree that the YMCA (d/b/a Henderson County Family YMCA) nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or for compensation for any injury I may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation. I also grant permission to the Y to use any photographs or videography that are obtained as part of this program for future Y advertising and promotions.

Signature (participant if 18 and above / parent or legal guardian if 17 and under)

Date _____