



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Rockland County YMCA Waves Swim Club

Join our Swim Club team for the Fall#1 Session! Our
Fall#1 Session Runs September 10th- October 24th

Swim Club is for ages 8-16, for those who have successfully completed our 6 stage swimming program and want to prepare for swim team or love swimming, but do not have time to commit to a swim team.

*If you have not participated in Swim Club
before you must contact the Aquatics
Department for approval.*



Swim Club (Ages 8-16)- Tuesdays & Thursdays 5:15_{pm}-6:00_{pm}



Session

Fee: \$200

registration only for members

For more information, contact:

Jessica Keavney, Aquatics Director (845) 643-3052

Brett Ilie, Assistant Aquatics Director (845) 643-3057



Rockland County YMCA Aquatics



RC_YMCA_Aquatics



Rocklandymca.org



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SWIM CLUB REGISTRATION

Student Information:

Name: _____

Date of Birth: _____

Age: _____

Have you done Swim Club before? Yes _____ No _____

Parent Information:

Name: _____

Phone #: _____

Email Address (Please Print Clearly): _____

Policies:

No make up/credit or refunds are offered for missed/cancelled classes. Non-attendance for any reason does not warrant refunds or a make up class.

Permissions:

_____ I understand a parent or guardian 18 or older must accompany each swimmer and stay in the building for the entire lesson if the child is under the age of 13.

_____ In the event that I, or my emergency contacts, are not able to communicate or cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA to properly treat the participant. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

_____ The named participant is physically sound, having medical approval to participate in the activities of the YMCA. This information is correct as far as I know, and the person here in described has permission to engage in all prescribed program activities except as noted.

_____ In consideration of the named participant's participation in the activities of the Rockland County YMCA, I hereby agree to hold _____ free from any and all liability the YMCA and its respective officers, employees and members. I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereinafter accrue to me arising out of or connected with the named participant's participation in any of the activities of the YMCA.

_____ Yes, I give permission for the Y to use my child's photograph for public relations and/or marketing purposes.

I have read and will abide by the above stated policies and my signature confirms my acceptance.

Signature of Adult: _____

Date: _____