

**YAKIMA FAMILY YMCA
MASTERS SWIM PROGRAM
REGISTRATION FORM**

Name _____ Age _____
(Last) (First) (Middle)

Address _____
(PO/Street) (City) (State) (Zip)

Home Phone _____ Work Phone _____

Cell Phone _____ E-mail _____

Conditions that may affect participation _____

Other Medical Concerns _____

Program goals _____

YMCA Membership: Family _____ Single Membership _____ Non-Member _____

I hereby consent to participate in the Yakima Family YMCA Masters Swim Program. I also agree to indemnify and hold harmless the Yakima Family YMCA from any claims, costs, damages, liabilities or expenses resulting from injury to myself while in the company of the directors or staff members. I also give permission for the Yakima Family YMCA to use photographs or videos of myself for promotional purposes.

Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE REGISTRATION DESK OR THE AQUATICS DIRECTOR