



Hardin County Family YMCA
2018-2019
Sea Dragon Registration

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participants First Name _____ Last Name _____
Address _____ City _____ State _____ Zip _____
Date of Birth _____ Age entering program _____ mos. _____ Grade entering in Sept _____ Child lives with _____
Parent #1 _____ Parent #2 _____
Home Address _____ Home Address _____

Please check which phone number you would like as primary contact

[] Home Phone _____ [] Home Phone _____
[] Cell Phone _____ [] Cell Phone _____
[] Work Phone _____ [] Work Phone _____
E-mail Address _____ E-mail Address _____

Weekly communications will be emailed to the e-mailed to the email addresses provided.

Emergency Contact if parent can not be reached

Name _____ Relationship _____
Home # _____ Cell # _____ Work # _____

Does your child require special accommodations (social, behavioral, medicine)? No _____ Yes _____

Parent /Guardian Permission

I hereby give permission for my child to participate in all activities that are part of the program. I understand there are risks associat-
ed with activities and programs in which my child is a participant. I hold the Y branch, the Hardin County Family YMCA, its em-
ployees, representatives, agents, and assistants from any and all claims whatsoever against said parties resulting from or caused by
my child's participation. I grant permission to have my child transported to one of the other YMCA facilities in case of inclement
weather. I also grant permission for any pictures taken of my child while in the program to be used for publicity and promotional
purposes.

I understand that the Hardin County Family YMCA, Inc, is a charitable organization that makes its programs and facility available
to persons only on the condition that they agree to assume full responsibility for injury and damage. Therefore in exchange for ac-
ceptance of the child in the YMCA program, I release the YMCA, the officers, directors, employees and volunteers from all claims
of damage or loss to the child's property, and claims of personal injury or property damage caused to others by the child, including
injury or damage to the YMCA property or personnel. I have read the above and agree to the terms and conditions.

Signature of Parent/Guardian _____ Date _____

Swim Team Prices

Short Seasons (Please circle)
September-December OR December-March
\$130 First Swimmer
\$105 Second and Third Swimmer

Full Season
September -March
\$265 First Swimmer
\$225 Second Swimmer
\$180 Third Swimmer

Office Use

Staff Taking Registration _____