





Participant's Name:			DOB:		Age:
Address:		City:	Stat	e: Zi	p:
Parent/Guardian's Name:			Phone:		
Email Address:					
Emergency Contact Name & Phone Number:					
Medical Concerns/Allergies:					
PLEASE CIRCLE THE SESSION YOU WANT TO YOUR (4 PRIVATE LESSONS):					
SESSION 1 (MONDAYS)	<u>LESSON DATES</u> •JUNE 3,10, 17,24		SESS (MOI	ION 2	LESSON DATES • JULY 8, 15, 22,29
PLEASE CHOOSE THE TIME SLOT FOR YOUR (4 PRIVATE LESSONS):					
8:55AM-9:25AM			☐ 12:15PM-12:45PM		
9:30AM-10:00AM			☐ 12:50PM-1:20PM		
☐ 10:05AM-10:35AM			1:25PM-1:55PM		
10:40AM-11:10AM			2:00PM-2:30PM		
participating in any an- participants in these p damages, or loss regardle agree to waive and rel	all claims for injuries, da d all activities. I acknow rograms and I voluntari ess of severity, that I/n inquish all claims the I/r ne Newberry County YM	mages, or lost vledge that the ly agree to as ny child may s my child may h MCA, its offici	s in which you ma ere are certain ris sume the full risk ustain as a result nave as a result o als, agents, volun	y sustain as a sks of physica and any and of participat f participating teers, sponso	a result of al injury to all injuries, ion. I further g in these ors, and

Parent /Guardian Signature: _______ Date: _____

YMCA staff, volunteers, and/or coaches to assist my child a call for medical assistance. My child will be transported to the nearest medical facility as deemed necessary by medical personnel. I understand that I am responsible for medical coverage and all costs incurred in the event of an emergency. I understand that photographs of my child's participation in this program may be used by Newberry County YMCA without compensation or additional approval. I have read and fully understand this waiver.