



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Dryades YMCA First Respondent Swimming Program Application

APPLICANT INFORMATION

First Name: _____ Last Name: _____ Suffix _____

Home Address: _____ Apt # _____ Marital Status _____

City: _____ State: _____ Zip: _____ Date of Birth ____/____/____

Email Address: _____

Gender Male Female Home Phone (____) _____ Cell Phone (____) _____

Race (Optional) Black/African American Asian Hispanic/Latino Native Hawaiian/Other Pacific Islander

American Indian/Alaskan Native 2 or more races White/Caucasian Other _____

Police Officer Fireman EMS Staff Other _____ Badge Number: _____

Emergency Contact Name: _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for use of the YMCA facilities and participation in YMCA programs, I understand that the Dryades Y assumes no responsibility for injuries or illnesses which I (or my dependents) may sustain as a result of my physical condition or resulting from participation in any athletic activities, sports program, the use of any equipment, exercises or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the Dryades Y, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which may result from my participation in these activities. I understand that the Dryades Y is not responsible for personal property lost or stolen while members and/or program participants are using Y facilities or on Y premises.

I HAVE READ AND AGREE TO THE ABOVE WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

LESSON SELECTION TIME SLOTS (please select 2-3 for availability)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
7am-8am	7am-8am	7am-8am	7am-8am	7am-8am	9am-10am
8am-9am	8am-9am	8am-9am	8am-9am	8am-9am	10am-11am
5pm-6pm		5pm-6pm		5pm-6pm	2pm-3pm
7pm-8pm		7pm-8pm		7pm-8pm	3pm-4pm

Signature _____ Date _____

Picture Waiver

I give my permission to the Dryades Y to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my (or my dependent's) image or voice for purposes of promoting or interpreting Y programs.

INITIALS _____

Signature of Member or Parent/Guardian (if under 18) _____

Date _____