



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Greater Peoria Family YMCA

2017 Summer Diving Program Registration

(PLEASE PRINT CLEARLY)

Name _____ Date of Birth _____

Address _____ Gender: Male Female

City: _____ Zip _____ Member Non-member

Name of Parent or Guardian: _____

Home Phone _____ Work Phone: _____ Mobile Phone: _____

Email Address: _____

Emergency contact person: _____ Emergency Phone: _____

Please mark the lesson type that your child will attend:

- Lessons are for **5th grade and up**
- Instructor to student ratio: 1:12
- Length of Lessons: 90 minutes
- Prices are per session (4 weeks per session)

Wednesday Evening Lessons (Only)

\$75.00 per member/\$95.00 non-members

Session 1: June 6:00pm to 7:30pm

Session 2: July 6:00pm to 7:30pm

Sat. & Wed. Evening Lessons

\$140 per member/\$180 non-members

Session 1: June — see times below

Session 2: July — see times below

Wednesday: 6:00pm to 7:30pm

Saturday: 9:30am to 11:00am

Saturday, Morning Lessons (Only)

\$75.00 per member/\$95.00 non-members

Session 1: June 9:30am to 11:00am

Session 2: July 9:30am to 11:00am

*****Staff-please ensure you are registering for the correct program, session and time.**

*******TURN PAGE OVER TO COMPLETE*******

MEDICAL INFORMATION & EMERGENCY FORM

Emergency contacts:

Name (first, middle, last): _____

Phone (including area code): _____

Relationship (friend, neighbor, coworker, etc.): _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

This information will be kept in the possession of the YMCA. A copy will be distributed to the person in charge of each activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the YMCA and will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the YMCA and to 1) arrange for the transportation of my child, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

I agree on behalf of myself, my heirs, assigns, executors and personal representatives, to hold harmless and defend Greater Peoria Family YMCA including the directors, coordinators, agents, employees or representatives associated with the event from any and all liability claims, loss of damage arising from or in connection with my participation.

Signature _____ Date _____

PUBLICITY FORM

On occasion, the Greater Peoria Family YMCA takes photographs or makes an audio or video recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about the YMCA. Also, local news organizations may learn about the YMCA's activities or events, and the YMCA may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the YMCA see fit.

I hereby expressly grant to the Greater Peoria Family YMCA the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the YMCA and its programs, or for any other purpose in furtherance of the mission of the YMCA

Name of Student(s): _____

Signature of Parent/Guardian: _____

Printed Name of Parent/Guardian: _____

Date _____