



Foothills YMCA Water Fitness Registration Form

Participant name: _____ Sex: M / F

Age: _____ Date of Birth: _____

Street address: _____

City/State: _____ Zip code: _____

Email: _____ Phone Number: _____

EMERGENCY CONTACT: _____ Phone Number: _____

Medical conditions/Allergies/Asthma/Etc.: _____

Cost per class is \$5.00 or you can buy a package of 10 classes for \$40.00 – Saving you 20% off the price of individual classes. Payment can be made by cash, credit card or check. Advanced payment preferred but not required. Payment can be accepted at the Walhalla Pool, at the Foothills YMCA office, or by phone.

Release of Liability:

I hereby, for myself, my family, heirs, executors and administrators, waive and release any and all claims and damages I have against the FOOTHILLS YMCA, City of Walhalla, and any other locations where YMCA programs are held and their respective agents, representatives, successors, and assigns, for any and all injuries which may be suffered by me or my family in connection with participation in YMCA activities and programs. I also state that I, or my child, is in good physical condition and able to participate in YMCA programs. In the event of an accident – I am aware that the YMCA does not provide accident insurance and will not hold the YMCA responsible for any injury.

I understand that NO PETS shall be brought to YMCA programs (leashed or otherwise.)

I also understand that photographs, photographic image or video of myself or my family may be used in official YMCA business, including websites, newsletters, newspapers, etc. unless written notification is provided to the FOOTHILLS YMCA state that you withdraw this permission.

Signature of Participant: _____ Date: _____