



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Lifeguard Class Registration Form

Blended Learning Course

Name _____ DOB _____ Phone _____
Address _____ Email _____
YMCA Member? Y/N Y Member Cost: \$225 Community Cost: \$300

Release of Claims and Authorizations

I hereby acknowledge that I voluntarily agree to participate in the YMCA activity on this registration form (YMCA activity). I hereby forever release, acquit discharge and agree to indemnify and hold harmless the YMCA and all event sponsors and volunteers, as well as any officers, directors, agents, employees, successors or assigns of the aforementioned parties, in addition to all other persons who are either directly, or indirectly involved with the activity in which the participants in registering (collectively the "Released Parties"), from any and all liabilities, claims, damages and demands and all other liabilities or whatever kind of nature arising from or related to the YMCA activity, including, but not limited to, any and all liabilities, claims, damages and demands arising from any personal injuries, loss or death occurring as a result of the YMCA activity. I further agree that I will never institute any actions or suit, at law, in equity or otherwise, against any of the Release Parties, and will not aid in the institution or prosecution of any such actions or suit against the Release Parties which in anyways involves or relates to the YMCA activities. I further state that I am in proper medical condition to participate and complete the YMCA activity and am not participating against doctor's advice, nor am I taking medications which would deter my health in participation of the YMCA. If any act of God forces the cancellation of the YMCA activity, I understand that registration fees are non-refundable. This release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned. I give permission that my picture may be taken and used by the YMCA for publicity. I understand that I must be an active YMCA in good standing in order to receive the special YMCA member rate and that if my membership status changes prior to or during the class sessions, I will be responsible for paying the difference between the Y member rate and the community rate.

Signature: _____ Date: _____

Please complete this form and return to your Y with payment (checks made out to the YMCA) in order to secure your spot in the course. Registration is due at least one week in advance.

Questions? Contact Paula Fede at 601-664-1955 or flwyaquaticprograms@metroymcams.org

OFFICE USE ONLY: Amount paid: \$ _____ Method of payment: Cash ___ Credit Card ___ Check # ___
Received by _____ Date: _____
Session Date: _____