



YMCA

We build strong kids,
strong families, strong communities.

Garland Family YMCA
Maxwell Creek Swim Team 2010
\$100

Practices: Tue - Fri 10a to 11a
Fax Registration Form to 972-494-4411 then
Call the Garland YMCA at 972-272-3484 to
pay over the phone.

PROGRAM _____ RECEIPT # _____

MONTH/SESSION _____ CLASS TIME _____

CHILD'S NAME _____

D.O.B. _____ AGE _____ SEX **M or F**

PARENT/GUARDIAN _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HM PHONE _____ WK PHONE _____ E-MAIL _____

SCHOOL ATTENDING _____ GRADE _____

COMMENTS _____

In case of accident or illness, I authorize the calling of medical services. I will not hold the YMCA or the group leaders responsible in case of accident. I can be contacted at one of the following numbers: _____ or _____. In the event that emergency medical attention is deemed necessary, I give the YMCA permission to provide first aid and/or transport to the nearest emergency medical facility. I also give permission for necessary emergency treatment by a physician and/or hospital/clinic. By my signature and my free will I do hereby agree to indemnify and hold harmless the YMCA from any and all claims and demands, cost or expense arising out of any injuries to me or any party I am responsible for, and that I am liable for all such cost incurred.

Parent/Guardian Signature _____ Date _____