



Program _____
 Name _____ M ____ F ____ Age ____ Birth Date _____ Home Phone _____
 Address _____ City _____ Zip _____ - _____

EMERGENCY INFORMATION

Authorized persons to be called in case of an emergency:

Name _____ Phone _____ Relationship _____
 Name _____ Phone _____ Relationship _____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____
 Policy number: _____
 FAMILY DOCTOR: _____
 Address: _____
 Phone: _____

MEMBER OF THE MISSION VALLEY YMCA:

No Yes; as a Family Youth
 Expiration Date: _____ Please send more information about YMCA Membership

BRANCH RELEASE/WAIVER FOR YMCA ADULTS

In consideration of being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. The Mission Valley YMCA may use my photos for promotional purposes.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

 Signature of Applicant Date

 Print Name

Mission Valley YMCA/Toby Wells Aquatic Registration Form

Mission Valley: 619-298-3576 • Fax: 619-298-9262 Toby Wells: 858-496-9622 • Fax: 858-496-8950

Participants Name: _____ (Please Print Clearly)

Address: _____ City: _____ Zip Code: _____

Age: _____ Birth Date: _____ Home Phone: _____ Work Phone: _____

- Facility: Mission Valley YMCA Toby Wells YMCA
- Group Lessons offered (see brochure for times & dates): Mon/Wed (8 lessons) Tue/Thur (8 lessons)
 Mon-Fri (10 lessons) Saturday (4 lessons)
- Adult Lessons offered: Mission Valley Adult I Mon/Wed (8 lessons) Toby Wells Adult I Tue/Thu (8 lessons)
 Mission Valley Adult II Mon/Wed (8 lessons) Toby Wells Adult II Tue/Thu (8 lessons)
- Private Lessons offered (Code 261): 4 Lessons \$110 8 Lessons \$185
 8 Semi-Private Lessons \$185

Note: See Program Guide for lesson fees other than private and more detailed information.

<u>Session:</u>	<u>Day/Time:</u>	<u>Class/Program Code:</u>	<u>Amount Paid</u>
Example 1: June 17-July 12, 2006	Tue/Thu 6:50-7:20 pm	Eel	\$ 60
Example 2: July 1-July 12, 2006	Mon/Wed 3:15-3:45 pm	4 Private Lessons scheduled through the Aquatic Coordinator	\$110

Payment Method: Check Enclosed Visa MC Discover

Credit Card Number: _____ Expiration: _____

Name on card: _____

Parent/Guardian Signature: _____ Date: _____

You must complete both sides of this registration. Thank you for your time and cooperation.