



**FOR YOUTH DEVELOPMENT**  
**FOR HEALTHY LIVING**  
**FOR SOCIAL RESPONSIBILITY**

YMCA OF GEORGIA'S PIEDMONT  
BELL FAMILY BRANCH  
MASTERS SWIM CLASS

NAME	FIRST		LAST	
ADDRESS				
CITY			ZIP	
PHONE			ALT. PHONE	
BIRTHDAY	/ / AGE			
EMAIL ADDRESS				

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ADDITIONAL SWIMMER INFORMATION

ANY PHYSICAL/MEDICAL PROBLEM WE SHOULD KNOW ABOUT?		
EMERGENCY CONTACT	WORK/CELL PHONE #	HOME PHONE #
1.		
2.		

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Master Swim Practices for Adults  
Wednesdays 12:00pm-12:45pm  
June 1 – July 20, 2022  
Members \$60/Non Members \$80

Learn stroke techniques and skills  
while building endurance and stamina!

**YMCA OF GEORGIA'S PIEDMONT PARTICIPANT WAIVER**

**PARTICIPANT WAIVER**

As a participant in programs offered through the YMCA of Georgia's Piedmont for either myself or my child, the undersigned acknowledges and agrees to the following:

1. The YMCA is a Christian organization and that my child and I are expected to conduct ourselves in accordance with the teachings of Jesus Christ.
2. I give my permission to the YMCA of Georgia's Piedmont for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting YMCA programs.
3. I understand the YMCA of Georgia's Piedmont assumes no responsibility for injuries or illness which I or my child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities while on the property of or in conjunction with any activity held, coordinated or sponsored by the YMCA of Georgia's Piedmont. In consideration of the privilege of participation at the YMCA, I hereby voluntarily release and discharge the YMCA of Georgia's Piedmont, its officers, directors, employees, agents, and/or servants from any claims whatsoever, including for injury, illness, death, loss or damage which I or my child may suffer as a result of my/his/her participation in these activities. I understand that no accident or medical insurance is provided with these activities. I fully indemnify and hold harmless the YMCA of Georgia's Piedmont, its officers, directors and employees from any and all claims.
4. I understand the YMCA of Georgia's Piedmont is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities, participating in YMCA activities, or on YMCA premises.
5. While the YMCA of Georgia's Piedmont will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, the YMCA will not accept children or adults that are (a) of danger to themselves, (b) of danger to others, or (c) a disruption to the normal activities making it unreasonably difficult for other children or adults to enjoy YMCA programs and activities. Any of the above reasons will be grounds for dismissal from YMCA programs and activities. We strongly recommend that you discuss with YMCA of Georgia's Piedmont staff any special conditions or circumstances involving your child or an adult member in your household. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child or adult household member.

**Refund Policy**

**Withdrawal 10 or more days before start of program:** Director will give a full system credit or a refund (minus a \$10 administrative fee) in the way the original payment was made.

**Withdrawal less than 10 days before start of program:** Director will issue a full system credit. No refunds will be given.\*

**Withdrawal once program has started:** Director will issue a system credit for only the remaining part of the program. No refunds will be given.\*

**ACCEPTANCE**

I have read and voluntarily signed this **waiver and release** of liability and **indemnification** agreement, and further agree that no oral representation, statements or inducements apart from the foregoing written agreement have been made. I also accept the Conditions of Membership as well as the conditions imposed upon participants, both youth and adult, in activities and programs provided by the YMCA of Georgia's Piedmont.

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**Child's Name (Print)**

\_\_\_\_\_  
**Parent/Guardian Name (Print)**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**