



# Seacoast Family YMCA Recreation Department Waiver & Swim Test Form

*The Seacoast Family YMCA is here to serve individuals, their families & the community with relevant, Progressive programs that build healthy spirit, mind & body for all!*

Please fill out the requested information below:

Are you a member of the YMCA? Yes or No (circle one)

(01) First Name \_\_\_\_\_ MI. \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Additional Guest Information (List Last Name if Different)

#	Spouse/Children's Names	M/F	Birth Date	Relationship
02				
03				
04				
05				

Please read the following then sign and date below:

*In consideration of facility access or being allowed to participate in the activities and programs of the YMCA and use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility.*

*I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.*

*The YMCA, its officers, agents, employees, representatives, and executors have the right to terminate your YMCA privileges at any time.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Swim Test:

**Available Monday, Wednesday or Friday at 5:30 pm, or on Tuesday or Thursday at 4:30 pm**

Test Results: Child's Name: \_\_\_\_\_ swim level \_\_\_\_\_

Signature of tester: \_\_\_\_\_

Please bring this completed form to the reception desk at the Seacoast YMCA. The registration for the swim class needs to be done with your Recreation Department.