



We build strong kids, strong families, strong communities.

Aquatics Registration Form

Please print

Participant's Name: _____

Date of Birth: ____/____/____ Age: _____ Sex: M F

Address: _____ Apt# _____

Parent/Guardian: _____

Phone (day)_____ Phone (evening)_____

Emergency Contact:_____

Phone (day)_____ Phone (evening) _____

Email Address:_____

I hereby consent to my child's participation in the YMCA programs and agree to assume the risks involved. I understand that the YMCA does not provide medical insurance relative to accidents or injuries that result from program related activities. I also authorize any member of the YMCA or my child's coach to act in my behalf during all activities. I allow my child to be photographed for the promotion of the YMCA.

If you have any questions, please contact our Aquatics Department at 602-212-5166 or email us at MesaYMCA@vosymca.org

Our \$30 Program Membership Fee is Non Refundable.

Parent/Guardian Signature:_____

Date:_____

Type of Class (circle one):

CLASS SWIM LESSONS
SEMI PRIVATE LESSONS

SWIM TEAM
PRIVATE LESSONS

For YMCA Employees:
Amount Paid \$_____

Front Desk Signature_____