

**Sammamish Family YMCA
Aquatics Program Registration and Release Form**

First Child's Name _____ DOB _____

Second Child's Name _____ DOB _____

Third Child's Name _____ DOB _____

Parent's Name _____ DOB _____

Address _____ City, State, Zip _____

Phone _____ Email _____

Emergency Contact _____ Cell Phone _____

Health Statement and Liability Release

I hereby certify that my child is in normal health and capable of full participation in aquatics programs. I recognize that the YMCA of Greater Seattle will do its best to ensure a safe experience. I understand that there are risks and hazards inherent both from my child's participation in the program and from transportation to and from the program, and I agree to assume these risks. I hereby release the YMCA of Greater Seattle, its employees, volunteers, and agents from any and all claims for injury, illness, death, loss or damage resulting from my child's participation in the Sammamish Family YMCA aquatics program. I give permission for pictures taken of my child to be used for publicity purposes.



YMCA
OF GREATER SEATTLE

We build strong kids,
strong families,
strong communities.

Parent/Guardian Signature _____ Date _____