



**SWIM TO ROW  
COMPLETE ONE FORM PER CHILD**

Participants Name \_\_\_\_\_

Address \_\_\_\_\_ Date of birth \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Legal Guardian's Name \_\_\_\_\_ Parent Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**IN CASE OF EMERGENCY**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Home \_\_\_\_\_  
Cell # \_\_\_\_\_ Work # \_\_\_\_\_

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Prior Swimming Experience: \_\_\_ None \_\_\_ Can tread water \_\_\_ Can float \_\_\_ Basic strokes \_\_\_ Proficient

Participant's Allergies: \_\_\_\_\_

Participant's Medical Conditions: \_\_\_\_\_

**MEDICATIONS CANNOT BE GIVEN TO ANY CHILD BY ANYONE EMPLOYED BY THE YMCA OR ITS PARTNERS.**

Name of Participant's Physician \_\_\_\_\_

Physician's Telephone \_\_\_\_\_

\*Registration Fee: SWIM2ROW \$20 SKILLS2ROW \$25 READY2ROW \$30

**WAIVER OF LIABILITY RELEASE FORM**

I am aware of the nature of this activity and I hereby assume responsibility for \_\_\_\_\_  
(Participant's Name)  
to participate and to be photographed for publicity purposes. I am certifying that my above child is medically fit and able to participate in the required activity. Also, I will not hold the YMCA and/or its employees or partners responsible in the case of accident or injury as a result of this participation. I understand that this completed form must be in the possession of the YMCA prior to participation in this program.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_