



Park South YMCA  
2500 Romine Avenue  
Dallas, TX 75215  
214-421-5301  
Fax: 214-426-3756

**Organization Name:** \_\_\_\_\_

Swim Lessons  
Registration Form and Waiver of Liability

Name \_\_\_\_\_

Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_

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

Parent's Name (if applicable) \_\_\_\_\_ Birth date \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

List any special problems your child may such as, allergies, tubes in ears, medications, injuries or illnesses, fear of water, past pool or boating accidents:

\_\_\_\_\_  
\_\_\_\_\_

Please list or describe any previous swimming instruction or water experiences you/your child has had: \_\_\_\_\_

I hereby give permission for \_\_\_\_\_ to participate in water activities sponsored and supervised by Park South YMCA Aquatic Staff.

I hereby authorize the Park South YMCA or its representative to take me/my child: \_\_\_\_\_ to the nearest medical facility or \_\_\_\_\_ if parents cannot be reached in an emergency.

By my signature and of my free will, I do hereby indemnify and save harmless the YMCA of Metropolitan Dallas from any and all claims or demands, costs or expenses arising out of any injuries, damages or other losses whether personal or property, sustained by me or any party to whom I am responsible.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_