



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Water Fitness Registration Form

HUTTO FAMILY YMCA

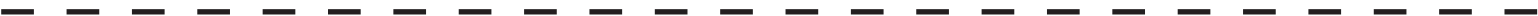
GENERAL INFORMATION

Water Fitness classes at the Hutto Family YMCA are paid for by the session. While registration is ongoing, we do encourage participants to register before the start of the class in order to hold your spot. No refunds or transfers are permitted and all sales are final - except in the case of health-related injuries or hospitalization. Youth participants must be at least 14 years of age and those participants who are 14-15 years must be accompanied by their parent / legal guardian. All participants are encouraged to wear aqua socks or water shoes. Of note, no refunds will be given for unforeseen circumstances such as weather, etc.

CLASS TIMES

Aqua Core & More – CHASCO Family YMCA Warm Water Therapy Pool – Space is limited!
Enjoy this unique water fitness class that provides a blend of strength, core toning and flexibility in one fun-filled class! This class is designed for all ages that have arthritis, joint or pulmonary issues, and is also beneficial for post-rehab participants.

Office Code	Day / Time / Duration	Session 5 June 13 - July 15 (5 weeks) <i>*No class, Monday, July 4th</i>		Session 6 July 18 - Aug. 19 (5 weeks)	
		Y Member Rate	Non-Member Rate	Y Member Rate	Non-Member Rate
16AQ	Fri. 11:15am - 12:05pm (morning)	\$20	\$28	\$25	\$35
16AQ	Mon. 6:30pm - 7:20pm (evening)	\$25	\$35	\$25	\$35
16AQ	Wed. 6:30pm - 7:20pm (evening)	\$25	\$35	\$25	\$35



Y STAFF ONLY

(16AQ) Class: _____ Day: _____ Time: _____ Amt. Paid: _____ Staff Initials: _____
 (16AQ) Class: _____ Day: _____ Time: _____ Amt. Paid: _____ Staff Initials: _____

PARTICIPANT INFORMATION & WAIVER

PARTICIPANT 1 NAME: _____ GENDER: _____ AGE: _____

PARTICIPANT 2 NAME: _____ GENDER: _____ AGE: _____

ADDRESS: _____

D.O.B.: _____ CITY: _____ STATE / ZIP: _____

PARENT / GUARDIAN NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

E-MAIL: _____

EMERGENCY CONTACT NAME: _____

HOME PHONE: _____ CELL / WORK PHONE: _____

MEDICAL CONCERNS (please list any special conditions or limitation your child may have as well as any food, medicine or plant allergies, previous or existing illness, medications, hospitalizations, or medical requirements within the past 12 months):

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that I require emergency medical treatment, I hereby authorize the Y staff to make arrangements to transport me to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for myself during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ **Waiver for Photo / Video / Audio Release (OPTIONAL):** I give my consent for any photos, video and/or audio taken of myself involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ **Change / Cancellation / Refund Policy (REQUIRED):** I understand that changes / cancellations / refunds are not permitted within the aquatics department unless a physicians note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are at the discretion of the aquatics director. Classes cancelled due to inclement weather, holidays, illness or unforeseeable circumstances will not be rescheduled, refunded or prorated.

_____ **Additional Notes (REQUIRED):** I understand that all participants need to be able to enter the water independently or with the aid of a family member or certified aid in order to register. All participants will be evaluated during each class, by the instructor, to ensure safety for the participant, instructor and the program. If there is any concern from the instructor, the Aquatics Director will evaluate a participant's participation for safety of the participant and the program.
Financial assistance is available for all those who qualify. For any questions or concerns, please contact the Hutto Family YMCA at (512) 846-2360.

By signing below, I agree that I have read and understand all of the above information as it relates to Hutto Family YMCA aquatics programs.

Participant Signature: _____ Date: _____