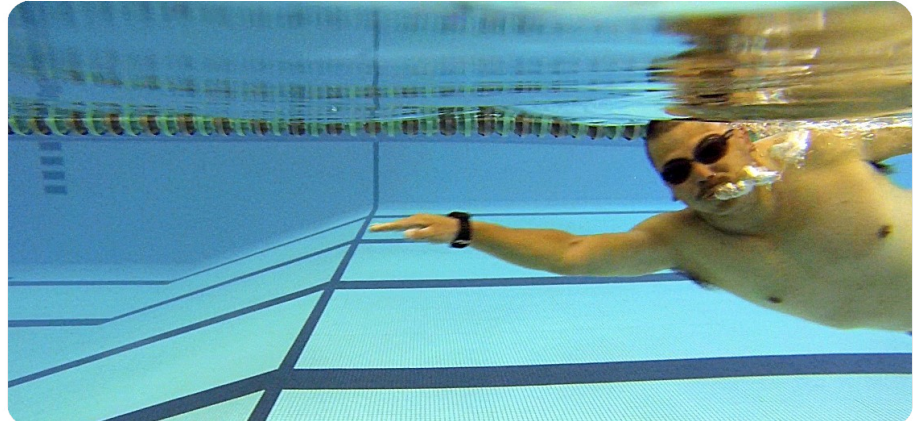




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MASTERS SWIM PROGRAM

**Adult Swim Program
Instruction for Skilled
Swimmers.**



Sept 10 - May 16, 2018

Sundays 11:00am - 1:00pm
Wednesdays 7:30pm - 9:00pm

Pricing:

Drop in: \$3 / Y Members
\$10 / Non-Y Members

Punch Card: \$25 / Y Members
(10 Punches) \$50 / Non-Y Members

Questions:

Tina Swanton, Aquatics and Lead Program Director
TMSwanton@SaginawYMCA.org

www.SaginawYMCA.org



Master's Swim Registration Form

Print Name: _____ Date of Birth: _____ Age: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Medical Waiver / Image and Video Promotional Release / Cancellation Policy

I hereby certify that me/my child, _____ is physically capable of participating in the Masters Swim at the YMCA of Saginaw, herein referred to as 'the Y'. I realize that participation involves vigorous swimming activities. I further assert my understanding of certain inherent risks involved in me/my child participating in such activities and regardless of the precautions taken by the Y or the participants, I realize that some injuries may occur. I release and hold the Y harmless from any liability for physical or other injury or harm suffered by me/my child during or as a consequence of his/her participation in the YMCA Swim Lesson program.

I also realize that participants in the Y programs are sometimes photographed and/or videotaped for use in the Y promotional and educational materials. I authorize the Y to record and photograph my image and/or voice or that of my child for use by the Y or its assignees in research, educational and promotional programs. I understand and agree that these audio, video, film and/or print images may be edited, duplicated, distributed, reproduced, broadcast and/or reformatted in any form and manner without payment of fees, in perpetuity.

If a class is canceled by the Y for any reason, I understand that the Y will reschedule said class. **Refunds will not be given for missed lessons.**

Signature of Parent/Legal Guardian

Date