



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# SWIM LIKE A FISH THIS SUMMER

## YMCA Summer SPLASH at Muskegon Heights Academy Registration/Waiver/Photo Release for Swimming

<b>Participant information (Please Print)</b>					
Participant's Name:					
Phone:	Email:	Birth date:	Age:	Gender:	
		/ /		<input type="checkbox"/> M	<input type="checkbox"/> F
Street Address:					
City:		State:	ZIP Code:		
<b>PARENT/ GUARDIAN INFORMATION (REQUIRED FOR PARTICIPANTS UNDER AGE 18)</b>					
Parent or Guardian:					
Email:				Phone: ( )	
Emergency Contact's Name:				Phone: ( )	

**Minor Waiver/Photo Release:** I, the parent or guardian of the above named participant, hereby give my approval for my child to participate in any and all activities associated with the YMCA Summer Recreation program. In addition, I give my permission for the Muskegon YMCA and its partners to use any photos of my child for the purpose of the promotion of the YMCA Summer Recreation Program and for future funding. I know and understand that program participation might result in serious injuries and do hereby waive, release, absolve and agree to hold harmless the Muskegon YMCA, the partners, the organizers, sponsors, supervisors, and participants from any claim of liability. NOTE: A participant will not be registered unless a signed form is returned to the Muskegon YMCA.

Parent or Guardian Signature \_\_\_\_\_ Today's Date: \_\_\_\_\_