



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FAIRFIELD YMCA Half Day Swim Program

Registration & Release Form

Member ID# _____

Child's First Name _____ Last _____ Gender _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Age entering program yrs. _____ month _____ Grade entering in Sept. _____

Child lives with _____

Parent # 1 _____ Parent # 2 _____

Home Address _____ Home address _____

Email _____ Email _____

Please Check Which Phone Number You Would Like Used As Primary Contact Number

Home Phone # () _____ Home Phone # () _____

Cell Phone # () _____ Cell Phone # () _____

Work Phone # () _____ Work Phone # () _____

If parent cannot be reached, give name and relationship of person to be called in case of an emergency:

Name: _____ Relationship: _____

Does your child require special accommodations (social, behavioral, medicine)? Yes _____ No _____

Does your child have any allergies? Yes _____ No _____ If yes, please provide the Y with the State of Connecticut Authorization of Medication Form before your child attend class.

A Child Individual Plan of Care is required for those with special needs to help provide a positive and successful experience. Plan is preferred at the time of registration but due no later than two weeks prior to the session start. Meetings with the Program Director should also be scheduled. Initials _____

Fairfield YMCA Half Day Swim School REGISTRATON/PAYMENT INFORMATION

I understand a TWO-WEEK WRITTEN NOTICE prior to the program start date June 2nd is REQUIRED TO WITHDRAW FROM THIS PROGRAM. A \$50 nontransferable, nonrefundable fee will be retained upon withdrawal for all non-medical reasons.

Signature of Parent/Legal Guardian: _____

Date _____

FAIRFIELD YMCA

841 Old Post Road, Fairfield, CT 06824

P 203 255 2834 F 203 259 7744 W fairfieldy.org



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FAIRFIELD YMCA Half Day Swim Program

Authorizations and Acknowledgements

Child's First Name _____ Last _____ Gender ____ Age ____

Parent Legal Guardian Authorizations and Acknowledgements

I understand there are risks associated with activities and programs in which my child is a participant. I hold the Fairfield Y Branch, the Central Connecticut Coast YMCA, its employees, representatives, agents, and assigns from any and all claims whatsoever against said parties resulting from or caused by my child's participation. _____ Initials

I hereby give permission for my child to participate in all activities (including walks and field trips) that are part of the program. _____ Initials

I agree to arrange for my child to be picked up from the program if they become ill and to keep the child home until their condition is considered safe and appropriate for participation. _____ Initials

I hereby give my consent for my child to participate in activities that involve water and recreational swimming while under the supervision of the YMCA staff or their representatives where it applies. _____ Initials

I understand that neither the YMCA nor any of its paid or volunteer workers can be held responsible in the events of an accident. I understand that all precautions will be taken to ensure the safety and health of my child. _____ Initials

I also grant permission for photographs taken of my child while at swim school to be used for publicity and promotional purposes. _____ Initials

I, as a client of the YMCA, will be held responsible for the full program fees. By initialing, I agree with these terms. _____ Initials

I understand that the Site Location, the Y branch and the Central Connecticut Coast YMCA are not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the facilities, on the premises, or involved in Y programs. _____ Initials

I understand if my child has allergies, I need to provide the State of Connecticut Authorization of Medication Form before the child starts the first class. Initials _____

A Child Individual Plan of Care is required for those with special needs to help provide a positive and successful experience. Plan is preferred at the time of registration but due no later than two weeks prior to the session start. Initials _____

By signing this document, I affirm that I am the person legally responsible by law to make decisions for the well-being of the above-named child.

Signature of Parent/Legal Guardian _____ Date _____

Name: _____ Relationship: _____



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NAME _____

FAIRFIELD YMCA Half Day Swim Program

Please Check Weeks for AM 3 to 5yrs:

<input type="checkbox"/>	WEEKS AM 3 TO 5yrs	MEMBER RATE	PROGRAM PARTICIPANT RATE
<input type="checkbox"/>	Week 1 June 2 - June 6	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 2 June 9 - June 13	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 3 June 16 - June 20	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 4 June 23 - June 27	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 5 June 30 - July 4	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 6 July 7 - July 11	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 7 July 14 - July 18	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 8 July 21 - July 25	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 9 July 28 - Aug 1	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 10 Aug 4 - Aug 8	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 11 Aug 11 - Aug 15	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250

FAIRFIELD YMCA Half Day Swim Program

Please Check Weeks for PM 3 to 5yrs:

<input type="checkbox"/>	WEEKS PM 3 TO 5yrs	MEMBER RATE	PROGRAM PARTICIPANT RATE
<input type="checkbox"/>	Week 3 June 16 - June 20	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 4 June 23 - June 27	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 5 June 30 - July 4	M <input type="checkbox"/> \$140	PP <input type="checkbox"/> \$200 (Closed July 4 th)
<input type="checkbox"/>	Week 6 July 7 - July 11	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 7 July 14 - July 18	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 8 July 21 - July 25	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 9 July 28 - Aug 1	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 10 Aug 4 - Aug 8	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 11 Aug 11 - Aug 15	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250

REGISTRATON/PAYMENT INFORMATION

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Signature of Parent/Legal Guardian:

_____ Date _____



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NAME _____

FAIRFIELD YMCA Half Day Swim Program

Please Check Weeks for AM 6 to 10yr:

<input type="checkbox"/>	WEEKS AM 6 TO 10yrs	MEMBER RATE	PROGRAM PARTICIPANT RATE
<input type="checkbox"/>	Week 2 June 9 - June 13	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 3 June 16 - June 20	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 4 June 23 - June 27	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 5 June 30 - July 4	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
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<input type="checkbox"/>	Week 11 Aug 11 - Aug 15	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250

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Please Check Weeks for PM 6 to 10yr

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<input type="checkbox"/>	Week 3 June 16 - June 20	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 4 June 23 - June 27	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
<input type="checkbox"/>	Week 5 June 30 - July 4	M <input type="checkbox"/> \$140	PP <input type="checkbox"/> \$200 (Closed July 4 th)
<input type="checkbox"/>	Week 6 July 7 - July 11	M <input type="checkbox"/> \$175	PP <input type="checkbox"/> \$250
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