



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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YEAR-ROUND PRIVATE SWIM LESSONS



FUN WITH A SPLASH OF CONFIDENCE!

The Montgomery County Family YMCA
101 East Cherry St., Red Oak IA 51566
712.623.2161 www.MCYMCA.com



PRIVATE SWIM LESSONS

(Online Registration Available @ www.MCYMCA.com/OnlineRegistration)

PARTICIPANT INFORMATION

Members: 5-30 minute sessions: \$60
Non-Members: 5-30 minute sessions: \$100

Participant Name: _____ Gender: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____
Parent/Guardian if Applicable: _____
Home Phone: _____ Cell/Work Phone: _____
Email: _____
Medical Concerns (please include any special conditions or limitations):

LESSON SELECTION

All lessons are 30 min. in length

Preferred Instructors Name: _____ No Preference:

Desired Lesson Day*: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Desired Start Times*: _____

*Please note that we cannot guarantee desired days or time as they will be based on instructor availability.

SWIM ABILITY AND GOALS

Please describe participants swimming ability or YMCA/Red Cross level. Also include any goals the participant wishes to attain:

PARTICIPANT AGREEMENT

I hereby certify that the above is in normal health and is capable of safe participation in the YMCA swimming program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program unless otherwise provided for by the specific program. I hereby authorize the YMCA to obtain medical treatment in the event that the emergency contact cannot be reached.

I understand that the YMCA is not responsible for my child past program ending times.

Parents also release the YMCA, now and for all time, to take and use any video/film/footage/recording/photo/narrative taken of the child while in participation of said program for publication, display, sale or exhibition thereof in promotions, advertising and legitimate business use without any compensation to, and/or claim, by me.

For more information contact: Lorna Blackburn, lornab@mcymca.com or 712-623-2161

SIGNATURE: _____ DATE: _____



ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19 YOUTH SPORTS PARTICIPATION

(Must be completed for participants under the age of 18)

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Montgomery County Family YMCA (MCFYMCA) has put in place preventative measures to reduce the spread of COVID-19; however, MCFYMCA cannot guarantee that your child will not become infected with COVID-19. Further, participation in youth sports could increase your child’s risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child _____, may be exposed to or infected by COVID-19 by participation in youth sports; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 by youth sports participation at MCFYMCA may result from the actions, omissions, or negligence of my child and others, including, but not limited to, MCFYMCA’s employees, volunteers, and program participants and their families.

____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child _____ (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that he/she may experience or incur in connection their participation in youth sports at MCFYMCA . On my behalf as parent/legal guardian of _____ I hereby release, covenant not to sue, discharge, and hold harmless MCFYMCA , its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MCFYMCA , its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in youth sports at MCFYMCA.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness my child _____ may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness as the parent/legal guardian. I further represent that my child _____ has no medical or physical condition which could interfere with their safe participation in this activity, or else I as the parent /legal guardian am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS By signing this document, I agree that if my child _____ is exposed or infected by COVID-19 during his/her participation in youth sports activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I as the parent /legal guardian of _____ have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to my child or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity for my child to participate in youth sports at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I as parent/legal guardian agree to be bound by its terms.

____ INITIALS If I have signed a separate general waiver of liability for my child’s participation in MCFYMCA youth sports, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will review safe social distancing and clean hygiene practice with my child for their participation at MCFYMCA..

In consideration of _____ (PRINT minor’s names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of my child or are in any way connected with such participation by my child.

Childs Name (Print) _____

Parent or Legal Guardian (Print) _____

Parent or Legal Guardian Signature _____ Date _____