

# 2011 YMCA Learn to Swim REGISTRATION FORM

Please print and mail completed form with payment to: 225 Columbia Turnpike, Rensselaer, NY 12144.  
Please make all checks payable to **The Town of East Greenbush.**

E-MAILED FORMS WILL NOT BE ACCEPTED.

Participant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male Female (circle one) DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (at start of program): \_\_\_\_\_

School: \_\_\_\_\_ Grade (for '10-'11 school year): \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(House or Apartment Number and Street)

City/Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian First & Last Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Phone # During Program: \_\_\_\_\_

**Alternative Emergency Contact Information:** If the Community and Recreations Department cannot reach you at the above contact numbers, then whom should we contact?

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Concerns:** Please be advised that all medical concerns including allergies (food, meds, insect, etc) and behavioral, developmental, and health problems (asthma, diabetes) must be reported even if your child is not currently taking medications. This will help us create a more enjoyable experience for your camper.

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In the event of an emergency, your child(ren) will be transported to the nearest medical facility possible. *Please read and sign below:* In the event that I cannot be reached, I give permission for my child(ren) to be given medical treatment:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## **Lessons are held at the Greenbush Area YMCA**

**Both sessions run Monday-Thursday from 9:00am-9:40am**

**The cost per sessions is \$55**

**Please circle the session you would like to register for**

**Please only register for ONE session.**

(If you are interested in participating in BOTH sessions, you will be placed on a wait list until registration closes and will be notified of the outstanding balance. Only send in the fee for one session until you receive confirmation for both. Be sure to indicate which session is preferred in the event that you will only be able to participate in one.)

**Session A: July 11<sup>th</sup> – July 21<sup>st</sup>**

**Session B: July 25<sup>th</sup> – August 4<sup>th</sup>**

<b>Activity Fee:</b>	<b>\$55 (per session)</b>
<b>Administration Fee:</b>	<b>\$5 (one time)</b>

**Total Cost: \$\_\_\_\_\_**

**Please have all payments made by July 5<sup>th</sup> in order to participate in this program.**