



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA of DEKALB COUNTY

## DOLPHINS SWIM TEAM



**FREE TRIAL WEEK: OPEN TO ALL!**

**When: September 16, 17, 19, 20**

**Evaluations conducted during this week. Must be at the Stroke Introduction Swim Lessons level. Registration required.**

### 2019 – 2020 PRACTICE TIMES

GROUP	DAYS	TIME
BRONZE	M/T/Th	5:30pm - 6:15pm
SILVER	M/T/Th/F	6:00pm - 7:00pm
GOLD	M/T/Th/F	5:30pm - 7:00pm

**Regular season: September - March**

### REGULAR SEASON:

**When:**

**September 2019 - March 2020**

**Fees: \$210 for season (if paid in full at time of registration) OR \$80 down payment + \$40/month for four months (Oct/Nov/Dec/Jan)**

**ALL PARTICIPANTS MUST HAVE A PRIMARY MEMBERSHIP AT THE YMCA OF DEKALB COUNTY.**

### SPECIAL RATE:

**DHS Swimmer Dolphins Team: \$115 (regular Dolphins season)**

**SPACE IS LIMITED! REGISTER EARLY.**



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# YMCA of DeKalb County, INC.

## Swim Team 2019 - 2020

(Circle all that apply)

**Child(ren)'s Information:**

Free Trial Week      Season

\_\_\_\_\_  
Name (please include middle initial) Age Birthday Shirt Size

\_\_\_\_\_  
Name (please include middle initial) Age Birthday Shirt Size

\_\_\_\_\_  
Name (please include middle initial) Age Birthday Shirt Size

\_\_\_\_\_  
Name (please include middle initial) Age Birthday Shirt Size

Physician's Name & Phone Number: \_\_\_\_\_

Child(ren)'s Primary Address: \_\_\_\_\_

Allergies, Medical Restrictions or Conditions: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Phone Numbers:      Phone Number \_\_\_\_\_      Relationship to Child(ren) \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_      Phone Number \_\_\_\_\_      Relationship to Child(ren) \_\_\_\_\_

**PARTICIPANT WAIVER AND MEDICAL RELEASE:**

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA of DeKalb County for any non-profit purpose, including, but not limited to observation or use of the facilities of equipment, or participation in any off-site program affiliated with or personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA of DeKalb County for observation or use of any facilities or equipment therein and such affiliates program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA of DeKalb County FOR ANY NON-PROFIT PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA of DeKalb County, OR USE OF FACILITIES AND EQUIPMENT MANAGED BY THE YMCA of DeKalb County. THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY, HOLD HARMLESS AND RELEASE THE YMCA of DeKalb County, its employees and agents from any loss, liability, damages, all claims, causes of action, suits, cost and expenses, may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliates with the YMCA. Further, the undersigned assumes full responsibility for and risk of bodily injury, death or property damage incurred by the undersigned using and facilities or equipment of the YMCA of DeKalb County or managed by the YMCA of DeKalb County. THE UNDERSIGNED further agrees that the foregoing INDEMNITY AGREEMENT and GUEST RELEASE is intended to be as broad and inclusive as is permitted by the law of the State of Indiana and that if any portion thereof is invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE INDEMNITY AGREEMENT and GUEST RELEASE, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Child's Name: \_\_\_\_\_      Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_      Date: \_\_\_\_\_  
Relationship: \_\_\_\_\_

(Office use only)

Full Payment \_\_\_\_\_ OR Payment Plan \_\_\_\_\_

Staff Initial \_\_\_\_\_

Date: \_\_\_\_\_

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