CAMARILLO FAMILY YMCA

AQUATIC PROGRAMS

Name of Child _____
First Last

Birth Date: _____ Age: _____ Male / Female

Parent or Guardian's Name _____

Address _____
Street City Zip

Telephone ( )_____ Bus. ( ) _____ E-Mail_____

CIRCLE PROGRAM:

Preschool: Shrimp Inia Perch Pike Eels Ray Starfish

Progressive: Polliwog Guppy Minnow Fish

Swim Team: Youth Intermediate Advanced

MUST BE FILLED OUT:

Swim Lesson Session	Day(s) of Week	Time
WINTER I **Nov. 28th – Dec. 21st , 2011**		

PARENT PERMISSION FORM

The undersigned as parent or legal guardian of _____ hereby authorizes the YMCA and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the YMCA and its designated leaders and directors are not legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the YMCA in conjunction with any authorized event.

SIGNED_____ (Parent or Legal Guardian) Date_____

In an emergency notify_____
Name Relationship Phone