

TAKE YOUR MARK

SUMMER 2022 PURPLE PENGUINS SWIM TEAM Eden Family YMCA

The Eden Family YMCA's Purple Penguins Swim Team offers fun, fitness, and friendship to competitive swimmers who are looking to perfect their stroke technique, continue to build endurance, and beat their personal bests. Our swimmers compete in the PYSA Swim League and our team is open to ages 4-18 years old.

- Swimmers must be able to comfortably swim one (1) full length of the pool without aid to participate.
- Eden Family YMCA membership is required
- Registration includes swim cap and Purple Penguins shirt
- New participants must contact Coach Chris (purplepenguins@ymcagreensboro.org)
- Limited space available

When: May 17 – July 30

Time: 5:30pm-6:30pm Tuesday, Wednesday, Thursday

Price: \$125 Swim Team

Register at the YMCA front desk or online at www.ymcagreensboro.org

Contact Chris Carter, Aquatics Director at 336.623.8496 or chris.carter@ymcagreensboro.org for more information.

The mission of the YMCA of Greensboro is to put Judeo-Christian principles into practice through programs that build a healthy spirit, mind, and body for all.

Eden Family YMCA P	urple Penguins S	Swim Te	am Registration	Form
SWIMMER INFORMATION				
First Name:	Las	t Name:		_
Date of Birth:/	/ Age: _		Gender:	
Address:	Cit	y:	State:	Zip:
Tshirt Size				
PARENT / GUARDIAN INFORM	ATION			
Guardian #1 (person who will b	e contacted in case of c	lass cancella	ntion)	
Name:			Relationship:	
Preferred Phone:	Em	ail:		
Guardian #2 Name:		Relation	ship:	
Preferred Phone:	Email:			
IMPORTANT MEDICAL INFORM	MATION			
RELEASE AND WAIVER OF LEG	AL LIABILITY:			
THIS IS YOUR RELEASE AND WAIVER Of Greensboro, Inc., its officers, dire and/or others acting on its behalf (col This is important to you and/or any m freely, and without duress under the factor of the second of t	ectors, board members, emploidectively, "YMCA"). You agreed inor children, so do not sign of following terms: or myself and/or my child and and hold YMCA and its official articipants ("Releases") in the or illness, including death, who	yees, voluntee that this Rele until you have our respective cers, director program harr nich may occur n I have decide	rrs, agents, independent con ase is effective immediately had your questions answere heirs, assigns and legal s, board members, employ mless from any and all claim to me and/or my child or we to allow myself and/or my	tractors, other participants of the control of the

- waive any and all claims or causes of action, which I and/or my child may now or hereafter have against Releases which may at any time arise as a result of any act or thing occurring in or arising out of my and/or my child's participation in the program. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of North Carolina and that any portion thereof is held invalid, it is agreed that the balance shall, not withstanding, continue in full force and effect.
- 2) ASSUMPTION OF RISK: I, individually and/or on behalf of any minor child, expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my YMCA activities. You assume the risks: I, individually and on behalf of my minor child, understand that YMCA activities are strenuous and dangerous and should be engaged in only by persons in good health. I understand that I should consult a physician before enrolling myself and/or my child in the YMCA program. Once you sign, you are saying that you understand the risks involved and accept all of the risks.
- 3) MEDICAL RELEASE: I, individually and/or on behalf of any minor child, further hereby release YMCA from any claim whatsoever which may arise as a result of any first aid, treatment, or services or assistance provided to me in connection with any injury that arises from activities at YMCA.A) I take full responsibility for my child(s) welfare and safety on or at YMCA activities. B) I hereby give permission for emergency medical treatment to be administered as deemed appropriate.
- 4) INSURANCE: YOU ARE EXPECTED TO HAVE YOUR OWN HEALTH INSURANCE. You should understand that the YMCA does not carry insurance to cover injuries and losses that may be fall you.
- 5) PHOTOGRAPHIC RELEASE: I consent to be photographed and to allow YMCA's use of any photos of myself and/or my minor child at its sole

HAVING READ, UNDERSTOOD, AND AGREE WITH THESE TERMS, I HAVE EXECUTED THIS RELEASE, TO BE EFFECTIVE IMMEDIATELY.

Participant/Guardian	
Signature:	_Date