

**Kings Bay YM-YWHA
Aquatics Participant Release Form**

**COMPLETE ALL SECTIONS-PLEASE PRINT OR TYPE
(PLEASE INCLUDE YOUR CHILDS INFORMATION)**

First Name: _____ **M.I.:** _____ **Last Name:** _____.

Address: _____ **Apt. #:** _____.

City: _____ **State:** _____ **Zip:** _____.

Aquatics Release Statement
(TO BE FILLED OUT BY PARENT OR GUARDIAN)

In case of emergency, please call:

Full Name: _____.

Phone; () _____ **Relationship;** _____.

Age: _____ **Date of Birth:** _____.

I, _____ hereby allow my child to participate in any aquatics related events at the Kings Bay YM-YWHA. I will permit emergency treatment in the event of injury or illness while participating in these aquatics related programs. I certify that I have read this waiver and release and understand its content.

Signature: _____.

Date: _____.