

# aquatic outreach program registration

One form per address. Please keep your own record of class title, time and date. For additional information call the YWCA Aquatic Department at (609) 497-2100, ext. 323.

Mail to:  
YWCA Princeton Plainsboro Aquatic Outreach Program  
59 Paul Robeson Place  
Princeton, NJ 08540

Primary adult \_\_\_\_\_  Female  Male

Mailing address \_\_\_\_\_ Check if new address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Date of birth \_\_\_/\_\_\_/\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_ Cell phone ( ) \_\_\_\_\_

I the adult applicant, or I the parent or legal guardian of the above applicant, hereby give approval of the applicant's participation in any and all YWCA program activities, registered below, and do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of the YWCA Princeton programs for any claim arising out of injury to named applicant or any member of his/her family who may be participating as a spectator. I give permission for my or my child's photograph to be taken for use by the YWCA Princeton in course catalogs, program brochures, annual reports and for release to local newspapers.

\_\_\_\_\_  
Adult applicant or parent/guardian signature

\_\_\_\_\_  
Date

This information is optional, but is important to the YWCA of the USA, and to our funders:

Race:  White  Black  Asian  Hispanic  American Indian  Other

Participant name	Sex	Date of birth	Course title	Day/time	Code (for office use)

**Emergency Information**

List one (1) person to contact in case of an emergency.

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Circle one, if applicable: I have a  physical limitation or  special need

Please describe \_\_\_\_\_

**Emergency Medical Release**

In case of emergency, I understand every effort will be made to contact me or the emergency contact person listed above. In the event that we cannot be reached, I hereby give permission to the physician to give appropriate treatment to myself, my child or my family.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For office use only**

Payment is due at registration.  
Please make check payable to: YWCA Princeton.

Check # \_\_\_\_\_

Amount \$ \_\_\_\_\_

Date application received \_\_\_\_\_

Lap swim pass received