



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA SPLASH REGISTRATION FORM

Registration forms may be mailed or brought into the Sidney-Shelby YMCA at 300 Parkwood St., Sidney, OH 45365. **No confirmations will be sent.**

Please PRINT and please fill out one form PER child.

ALL FIELDS MUST BE COMPLETED IN ORDER TO PROCESS THE REGISTRATION.

Child's Name _____ Phone _____

Address _____ Emergency Phone _____

City, State, Zip _____ School _____

Child's Birthdate (MM/DD/YYYY) _____ First-time SPLASH attendee? Yes No

Current Swimming Ability (check one)

Nonswimmer Beginner Intermediate Advanced

Class Time Desired: Please be prompt. Lateness cuts into your "SPLASH" time.

- | | |
|---|---|
| <input type="checkbox"/> 9:00 - 9:45 AM | <input type="checkbox"/> 2:00 - 2:45 PM |
| <input type="checkbox"/> 9:45 - 10:30 AM | <input type="checkbox"/> 2:45 - 3:30 PM |
| <input type="checkbox"/> 10:30 - 11:15 AM | <input type="checkbox"/> 5:45 - 6:30 PM |
| <input type="checkbox"/> 11:15 - 11:45 AM Parent & Child* | <input type="checkbox"/> 6:30 - 7:00 PM Parent & Child* |
| | <input type="checkbox"/> 7:00 - 7:45 PM |

*(Child must be 3-5 years old, not completed Kindergarten, and parent must get in water with child.)

Classes are assigned on a first come, first served basis.

Parent/Guardian Name _____

Address _____ Primary Phone _____

City, State, Zip _____ Email _____

Parent/Guardian Birthdate (MM/DD/YYYY) _____

Has your child participated in a YMCA Program before? Yes No

I am interested in helping as a volunteer. Yes No

My child is in good health and may participate. Yes No

Parent/Guardian Signature _____ Date _____

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