



Application for YMCA SPLASH! Week

Child's First Name _____ Child's Last Name _____
[] Male [] Female Date of Birth _____

Session Time (please circle): 4:30pm – 5:30pm 5:30pm-6:30pm

Parent's First Name _____ Last Name _____

[] Male [] Female Date of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Emergency Contact (NOT parent) _____

Relationship to Participant _____ Phone _____

How did you hear about YMCA SPLASH! Week?

[] Princeton Nursery School [] PHSC [] YWCA [] YMCA Website [] other _____

Waiver of Liability

In consideration of your acceptance of this entry, I hereby for myself, my heirs, my executors and administrators waive any and all rights and claims for damages I may have against the Princeton Family YMCA, their respective representatives and successors, all sponsors, officials and volunteers, and will hold them harmless from and injury suffered in this event. I further state that my child is in proper condition to participate in this event. I hold none of the above responsible for the loss of personal items. I will permit the use of my and my child's name and/or picture for any media promotion of the event.

Signature Parent/Guardian: _____ Date: _____

Staff:

Date: