



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FINISH YOUR SUMMER WITH A SPLASH

Skills & Drills Swim Camp HARRISON FAMILY YMCA

This camp will help swimmers refine their strokes, working to make each stroke more efficient. They will also have fun together and enjoy a snack!

*Each participant will receive a water bottle and a t-shirt.

Please bring the following with you to participate:

- swimsuit
- goggles
- cap
- flip flops
- towels (2)
- water bottle
- socks/tennis shoes
- change of clothes
- pen/paper (notebook)



HARRISON FAMILY YMCA

1000 Independence Drive Rocky Mount, NC 27804

P 252 972 9622 www.harrisonfamilyY.org

REGISTER HERE!

Child 1 First and Last Name _____ **D/O/B** _____

Circle Shirt Size YS YM YL AS AM AL AXL

Can swim all 4 strokes (butterfly, backstroke, breaststroke, and freestyle) Yes No

Child 2 First and Last Name _____ **D/O/B** _____

Circle Shirt Size YS YM YL AS AM AL AXL

Can swim all 4 strokes (butterfly, backstroke, breaststroke, and freestyle) Yes No

Child 3 First and Last Name _____ **D/O/B** _____

Circle Shirt Size YS YM YL AS AM AL AXL

Can swim all 4 strokes (butterfly, backstroke, breaststroke, and freestyle) Yes No

Child 4 First and Last Name _____ **D/O/B** _____

Circle Shirt Size YS YM YL AS AM AL AXL

Can swim all 4 strokes (butterfly, backstroke, breaststroke, and freestyle) Yes No

Parent/Contact Person _____

Address _____ City, State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

WAIVER OF LIABILITY: I understand and agree that the Rocky Mount Family YMCA, Inc. (d/b/a Harrison Family YMCA), North Carolina Wesleyan College, nor co-sponsoring organizations or their respective chapters, officers, directors, employees, agents, members or volunteers shall assume or have any responsibility or liability for expenses or medical treatment or form compensation for any injury may suffer during or resulting from my participation in this program. I do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages that I may have or that may hereafter accrue to me arising out of or in any way connected with my participation in this program. I also represent and warrant that I have been advised to seek consultation from my doctor about whether I can safely participate in this program and whether there are precautions or limitations to my participation.

Participant's/Parent's Signature (parent signature required if age 17 or under)

Date _____