

MOM/DAD AND ME

(6 mo.-3 yrs)

PURPOSE:

Promote water safety knowledge and practice water adjustments, as well as have fun and enjoyment in the water. Develop a trusting relationship between parents and children and the instructor. A parent or guardian must accompany every child in the water.

COST: \$33.00/SESSION (6 Sessions)

CONTACT PERSON:

Fay Matsumoto 776-2228

Email: fay_matsumoto@yc.edu

Mail registration to:

Fay Matsumoto, HPER

Yavapai College

1100 E. Sheldon St. Prescott, AZ 86301

SESSIONS:

SATURDAYS

Oct 10- Nov 14

TIME:

9:00-9:30AM



FILL OUT BOTH FORMS BELOW AND SUBMIT WITH YOUR PAYMENT. PLEASE PRINT
REGISTRATION FORM

Name _____ Phone _____

Address _____ Email _____

City _____ State _____ Zip _____

Age _____

Parent/Guardian Name _____

Fee Enclosed _____ \$33

OCT 10-NOV 14, 2009

Make check payable to: Yavapai College

Mail Check and Registration/Medical Release forms to:

Yavapai College HPER, 1100 E. Sheldon St. Prescott, AZ 86301

MEDICAL RELEASE FORM

PLEASE COMPLETE FROM IN ITS ENTIRETY AND SIGN.

Participant's General Health _____

Insurance

Company _____

Current Medications _____

Insurance Company

Address _____

Drug Sensitivities _____

Name of Policy

Holder _____

Allergies _____

Policy

Number _____

Preferred Local Physician _____

Physician's Phone

I hereby agree that I will not hold Yavapai College, the Board of Directors/Trustees and or Yavapai Swim School, its instructors and employees responsible for any loss, damages or personal injury incurred as a result of participation. I hereby authorize the Instructors and Assistants to act for my child according to their best judgment in an emergency requiring medical attention. I agree to allow my child to be treated by a licensed physician (if necessary) and I will assume all cost(s) related to such treatment. I authorize my insurance company to pay benefits to the Yavapai Regional Medical Center. Also I authorize the disclosure of medical information to my insurance company for the purpose of claim. I give my child permission to participate in Yavapai Swim School. _____(Parent/Guardian Initial)

Parent or Guardian

Signature _____ Date _____