



ROSEBURG Y SWIM TEAM

OPEN TRYOUTS

AUGUST 14 OR 19 at 6 PM

Only need to attend ONE tryout date
Tryouts are approximately 30 minutes



REGISTER AT QR OR ONLINE AT
ymcaofdouglascounty.org/swimteam



QUESTIONS? CONTACT COLLEEN @
aquatics@ymcaofdouglascounty.org
541-440-9622 ext 208

YMCA of Douglas County - Serving DC for over 75 years!



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA PROGRAM REGISTRATION / RELEASE FROM LIABILITY

YMCA Member _____ Community Member _____

Program fee is due upon registration.

Program _____ Date of Program _____

Participant's Name _____ M _____ F _____ Age _____ DOB _____

Participant's Name _____ M _____ F _____ Age _____ DOB _____

Address _____ City _____ Zip _____

Phone # _____ E-mail _____

Emergency Contact _____ Phone # _____

Relation _____

Please initial to indicate agreement with the following two items:

_____ I give my permission to the YMCA of Douglas County to use, for publicity purposes, pictures taken of the participant. _____ I support the YMCA of Douglas County philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

RELEASE FROM LIABILITY

In consideration of the right to participate in this YMCA of Douglas County (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the above named participant is in normal health and capable of participation in _____ (specific program name). I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached. I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians. I am a legally competent adult (18 years or older) who is responsible for the above named participant.

Participant #1 signature: _____ Date _____ Participant

#2 signature: _____ Date _____

For Office Use Only: Receipt Date: _____ Clerk Initials : _____ Total: \$ _____