



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Learn. Grow. Thrive!

After School Gym and Swim

Bring the kids in for structured after-school sports and pool activities including: dodgeball, basketball, volleyball, treasure hunt, relay racing, "sharks and minnows" and more!

Session Dates:

Ages: 10-13 years old

Fridays from 4pm-5:30pm

- Winter: February 9th-March 22nd
- Spring: April 5th-May 24th

Fee per session:

\$100/member

\$180/potential member



Questions?

Contact Bain Laine
at 218-739-4489 ext. 219 or
blaine@fergusfallsymca.org

**Fergus Falls Area Family
YMCA**

1164 N. Friberg Ave
Fergus Falls, MN 56537
218-739-4489
www.fergusfallsymca.org

After School Gym and Swim | Fergus Falls Area Family YMCA

Child's name: _____

Age: _____ Date of birth: _____ Gender: Male / Female

Address: _____ City: _____ State: _____ Zip: _____

Parent's Name(s): _____

Address: (if different from child) _____ City _____ State _____ ZIP _____

Daytime Phone Number: _____ Evening Phone number: _____

E-mail Address _____

Emergency Contact: _____ Phone Number: _____

Select one:

- WINTER SESSION: February 9 - March 22, 2024**
- SPRING SESSION: April 5 - May 24, 2024**

INFORMED CONSENT and WAIVER OF LIABILITY

In consideration of the YMCA accepting this registration, I, for myself, and/or the minor(s) for whom I am signing, release and forever discharge the Fergus Falls Area Family YMCA and all connected with the YMCA, of and from any and all rights, claims, demands, and actions of any and every nature whatsoever, for any and all loss, damage, injuries sustained by me or my property, or by the minor(s) for whom I am signing on his/her property at any time. I declare that the above minor(s) is/are physically sound and medically approved to participate in the activities of the YMCA. I authorize use of any and all photographs taken of my child(ren) with the YMCA or on YMCA related trips to be used for the publicity of the YMCA, facility and programs.

Parent signature: _____ Date: _____

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