

# YMCA of the East Bay Program Registration Form

(Complete One Form Per Child)



**PLEASE PRINT**

Branch/Site: \_\_\_\_\_

Participant's Name: \_\_\_\_\_  M  F Age \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First M. Last

Address: \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Grade \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Ethnicity \_\_\_\_\_ Birthdate \_\_\_\_\_ Ethnicity \_\_\_\_\_

Employed by \_\_\_\_\_ Employed by \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Home phone \_\_\_\_\_ Home phone \_\_\_\_\_

Work/Cell phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Program Name	Program Dates	Program Cost

- \*Need Current Membership** An annual Program Membership (valid for one year) is required for each individual participating in YMCA programs. **(Contact branch for pricing)**
- \*Current Program Membership** If your membership expires before the program ends, you will need to renew at the time of current registration.
- \*YMCA Facility Member**

**Method of Payment**

Cash (walk-in registrations only) \$ \_\_\_\_\_

Check enclosed (payable to YMCA) \$ \_\_\_\_\_

Charge the following amount \$ \_\_\_\_\_ to my

Visa/MC/AX #: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Because space is limited, class fees are non-refundable and non-transferable, unless the class is cancelled by the YMCA. There are no make-ups for missed classes. Classes may be canceled or combined due to low enrollment. Children may be moved to another class level if registered in and inappropriate class for their skill level, as determined by the instructor.

Are you willing to volunteer?  Yes  No

This information is correct, so far as I know, and the person herein has permission to engage in all prescribed program activities. I give permission to the physician selected by the YMCA to order X-Rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above. Recognizing that the YMCA will do its best to ensure a safe experience, I understand that certain dangers or accidents may occur. I hereby release the YMCA from all responsibility and liability of any nature, including claims for injury, illness, death, loss or damage, resulting from my child's participation in program activities. Photos of my child may be used for promotional purposes. This form may be photocopied for use away from the main program site. I authorize the YMCA staff to apply sunscreen to my child's exposed skin, on an as-needed basis.

Parent/Guardian Signature (responsible for payment) \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Membership #: \_\_\_\_\_ Amount Paid w/ application : \$ \_\_\_\_\_ Receipt #: \_\_\_\_\_

Enrolled by: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Type:  Cash  Check  Visa / MC / AX

