



Office use only
Receipt# _____
Amount paid \$ _____
Date _____ staff initials _____

(304) 757-0016

Registration Form

200 Carl's Lane, PO Box 737, Scott Depot, WV 25560

www.tri-countyymca.org

Participants name _____ Male/Female

Date of Birth: Month _____ Day _____ Year _____ Age _____

Ethnicity: ___ White/Caucasian ___ Black/African Amercian ___ Hispanic ___ Asian ___ Mixed ___ Other

Adress _____ City _____ Zip _____

Parent Name(s) _____

Home phone _____ Work phone _____ Cell or email _____

Emergency Contact Information (must be someone other than parent/guardians)

Emergency Contact #1 Name _____ Phone _____

Emergency Contact #2 Name _____ Phone _____

Fee: Members \$35.00	Non-Member \$75.00		
MWF 9:15am-10:15am	Session and Dates:	Session I	September 12-October 21
MWF 10:20am-11:20am		Session II	October 31-December 9
<u>Swimming Ability</u>	<u>Comfort Level in Deep Water</u>		
Good Swimmer	Comfortable in deep water		
Average Swimmer	Somewhat uncomfortable in deep water		
Can't Swim	Very uncomfortable in deep water		

Waiver of Liability: I hereby certify that my child/self/participant is in normal health and capable of safe participation in this program. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for my child/self/participant in the event that the parent(s), or guardian(s), or contacts cannot be reached.

Picture release: I DO / DO NOT (circle one) give permission to have my picture appear in any media type coverage approved by the Tri-County YMCA.

AQUA AEROBICS

YMCA Mission Statement:

To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all