YMCA Tri-County

(304) 757-0016

Office use only

Receipt#_____

Amount paid $_____

Date_____staff initials_____

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

Address_____City_____Zip_____

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_____

CIRCLE ONE: SESSION 1: Jan 11-Feb 19

SESSION 2: Mar 1-Apr 9

SESSION 3: Apr 19-May 28

Class 1 T/TH—10:00-11:00am

Class 2 T/TH—12:00-1:00pm

Class 3 MWF—8:00-9:00am

Class 4 MWF—12:00-1:00pm

Class 5 MWF—5:30-6:30pm

Members:	2 Days	$25.00
	3 Days	$35.00
Non-Members:	2 Days	$55.00
	3 Days	$75.00

Waiver of Liability: I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA to obtain medical treatment for me in the event that the my emergency 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.

_____

Signature of Participant/Guardian Date

AQUA ARTHRITIS

YMCA Mission Statement:

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