(304) 757-0016

YMCA Tri-County

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: September 12-October 21

SESSION 2: October 31-December 9

M/W/F—8:00am-9:00am

M/W/F—12:00pm-1:00pm

T/TH—10:00am-11:00am

T/TH—12:00pm-1:00pm

M/W—5:30pm-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