



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 \$60.00	Session I	Jan 11-Feb 19
Non-Member \$84.00	Session II	Mar 1-Apr 9
	Session III	Apr 19-May 28
4:15pm-4:45pm		
Mon., Tues., and Thurs.		

**Waiver of Liability:** I hereby certify that my child 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 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.

Signature of Participant/Guardian

Date

### YMCA Mission Statement:

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

AQUATICS—DEV. SWIM