



OFFICE USE ONLY	
Receipt # _____	_____
Amount Paid \$ _____	_____
Date _____	Staff Initials _____

757-0016

REGISTRATION FORM

www.tri-countyymca.org

Participants Name _____ **MALE** **FEMALE**

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

Ethnicity:
_____ White/Caucasian _____ Black/African American _____ Hispanic _____ Asian _____ Mixed _____ Other

Address _____ City _____ Zip _____

Parents Name(s) _____

Home Phone _____ Work Phone _____ Cell or Email _____

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

Emergency Contact: Name _____ Phone _____

K – 5 grades 6 – 8 grades

Classes: Tuesdays & Thursday

_____ K-5: 2:00—3:00 pm _____ 6-8: 3:00 0 4:00 pm

FEES: MEMBERS

Member	
1st Child	\$30 _____
Each Additional Child	\$22 _____

NON-MEMBERS

Non-Member
\$50 _____

I support the YMCA youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fairplay, family involvement, and volunteer leadership.

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 / I 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

HOME SCHOOL P.E.