



<b>OFFICE USE ONLY</b>	
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

<b>Member</b>	
1st Child	\$30 _____
Each Additional Child	\$22 _____

### NON-MEMBERS

<b>Non-Member</b>
\$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

<b>YMCA MISSION STATEMENT</b>
To put Christian Principles into practice through programs that build healthy spirit, mind, and body for all

HOME SCHOOL P.E.