



REGISTRATION FORM

757-0016

200 Carls Lane, PO Box 737, Scott Depot, WV 25560

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

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 _____ Email _____

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

Emergency Contact #1: Name _____ Phone _____

Emergency Contact #2: Name _____ Phone _____

Special Requests/Health Needs _____

Medication (s): _____

OPTIONS & FEES

Members/Non-Members

OPTIONS	One Session	6 Sessions	10 Sessions
One-on-One	\$37/\$52	\$200/\$290	\$310/\$460
2 People	\$27/\$42/person	\$160/\$190/person	
3 People	\$22/\$37/person	\$130/\$175/person	
4 People	\$17/\$32/person	\$100/\$160/person	

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

Personal Training

YMCA MISSION STATEMENT

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