



REGISTRATION FORM

757-0016

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

www.tri-

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 ONLY

OPTIONS	One Session	6 Sessions	10 Sessions
One-on-One	\$37	\$200	\$310
2 People	\$27/person	\$160/person	
3 People	\$22/person	\$130/person	
4 People	\$17/person	\$100/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