



(304) 757-0016



Registration Form

| |
|---------------------------------|
| Office use only |
| Receipt# _____ |
| Amount paid \$ _____ |
| Date _____ staff initials _____ |



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 _____

Ages: 12 and up

Fees: Member \$350 Non-Member \$400

***Price includes necessary equipment**

Session _____

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

SCUBA DIVING