



304-757-0016



REGISTRATION FORM

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

www.tri-countyymca.org

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 _____

Mother's Name _____ Employer _____

Father's Name _____ Employer _____

Home Phone (____) _____ Work Phone (____) _____ Cell or Email _____

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

Emergency Contact: Name _____ Phone (____) _____

Fee: Member \$35.00

NonMember \$55.00

School Child Attends: _____

Vacation Day: _____

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

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YMCA MISSION STATEMENT

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