



304-757-0016 200 Carls Lane, PO Box 737, Scott Depot, WV 25560

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

www.tri-countyymca.org

Participants Name _____ Male / Female

Date of Birth: Month _____ Day _____ Year _____ Age _____

Ethnicity:(circle one)White/Caucasian / Black-African American / Hispanic / Asian / Mixed / Other

Address _____ City _____ Zip _____

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

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

Emergency Contact #1: Name _____ Phone (____) _____

Emergency Contact #2: Name _____ Phone (____) _____

TAI CHI for Arthritis & Health I & II

- (I) Beginners: MEMBERS: \$20.00 per session
NON MEMBERS: \$35.00 per session

Year Round Sign-ups: 6 week sessions. Minimum of 6 participants required.

Session Date: _____

- (II) Intermediate: NO CHARGE

WAIVER of LIABILITY:

I hereby certify that I am (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 myself (or 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

YMCA MISSION STATEMENT

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

TAI CHI for Arthritis & Health