



757-0016

# Tri-County YMCA REGISTRATION FORM

<b>OFFICE USE ONLY</b>	
Receipt #	_____
Amount Paid \$	_____
Date	_____ Staff Initials _____
Uniform Paid	_____

[www.tri-countyymca.org](http://www.tri-countyymca.org)



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 \_\_\_\_\_ Cell or Email \_\_\_\_\_

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

Emergency Contact #1: Name \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2: Name \_\_\_\_\_ Phone \_\_\_\_\_

**FEE: MEMBERS – \$42.00**

**NON-MEMBERS – \$65.00**

Please select class(es) attending:

(4-6 Year Olds) Monday 5:00pm to 6:00pm—Creative Movement Combo \_\_\_\_\_

(7-10 Year Olds) Monday 6:00pm to 7:30pm—Ballet & Jazz/Hip-Hop Combo \_\_\_\_\_

(11-14 Year Olds) Monday 7:30pm to 9:00pm—Ballet & Jazz/Hip-Hop Combo \_\_\_\_\_

Date: \_\_\_\_\_ Jan \_\_\_\_\_ Feb \_\_\_\_\_ Mar \_\_\_\_\_ April \_\_\_\_\_ May \_\_\_\_\_ June  
(Circle One) \_\_\_\_\_ July \_\_\_\_\_ Aug \_\_\_\_\_ Sept \_\_\_\_\_ Oct \_\_\_\_\_ Nov \_\_\_\_\_ Dec

\_\_\_\_\_ New Student \_\_\_\_\_ Existing Student

I support the YMCA youth sports philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fairplay, family involvement, and volunteer leadership.

### 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

### YMCA MISSION STATEMENT

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

YOUTH DANCE