



# REGISTRATION FORM

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

757-0016

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

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 \_\_\_\_\_

## YOUTH STRENGTH TRAINING MEMBERS ONLY: \$50

### 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 Strength Training**