



REGISTRATION FORM

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

757-0016

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

www.tri-

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

SESSION DATE: (CIRCLE ONE)

- SESSION I (JANUARY 9-JANUARY 24)
- SESSION II (MARCH 13-MARCH 28)
- SESSION III (MAY 1-MAY 16)

Saturday 10am-11:15am

Sunday 1pm-2:15pm

Participants **MUST** attend ALL classes.

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