



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Gymnastics' Team Prospect Class

Fall Registration Form

September 9, 2019 through October 30, 2019

Session 1: Monday & Wednesday
4-5pm

Registration Dates:
August 26 – September 9

Fees (mark one):

Member: \$45 ____ or Non-member: \$65 ____

***Payment is due at the time of registration or a spot cannot be reserved for the participant.**

General Information

Name: _____ M/F: _____ DOB: _____

Address: _____

Parent/Guardian: _____ DOB: _____ Phone: _____

E-mail: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Informed Consent

I understand that YMCA activities have inherent risks, and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property. I give the YMCA staff permission to administer first aid/CPR for all minor injuries and to seek professional treatment if needed. The YMCA also has permission to photograph me (or my child) while participating in YMCA programs. Finally, by signing this form, I agree to pay the Lock Haven Area YMCA the specified amount due for participation in the above-listed event. Failure to pay the amount due may result in referral to collections.

Signature: _____ Date: _____

Office Use Only

Date Paid: _____ Amount Paid: _____ Receipt: _____ Initials: _____