



# LOCK HAVEN AREA YMCA Climbing Team Registration

Registration: Opens- January 2<sup>nd</sup>, 2020  
Closes- January 17<sup>th</sup>, 2020

Please circle which team your child will participate. \*There is limited space for each team\*

**A-Team Practice:**

Ages: 10yrs old and up  
Mondays and Fridays 5:30pm-7:30pm  
First practice: January 20<sup>th</sup>, 2020  
Cost: Member \$40 Non-member \$60

**B-Team Practice:**

Ages: 6 – 9yrs old  
Tuesdays and Fridays 4:00pm-5:30pm  
First practice: January 21<sup>st</sup>, 2020  
Cost: Member \$35 Non-member \$55

**Month(s) participating: Please check all that apply**

January 20 - February 14 \_\_\_\_      February 17 – March 13 \_\_\_\_  
March 16 – April 10 \_\_\_\_      April 13 – May 8 \_\_\_\_

**General Information**

Name: \_\_\_\_\_ M/F: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian (if under 18): \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's E-mail: \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Payment Information**

How do you want to make monthly payments? (Circle one)      Automatic Account Withdrawal      Pay in-house

**Health Information**

Please indicate any/all health concerns we need to be informed of to ensure safety of the participant:

**Informed consent**

I understand the 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 a from activities from any claims or injury sustained during my use of the YMCA property. 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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Initials: \_\_\_\_\_