



YMCA REGISTRATION FORM

To register for programs by mail, complete, sign and mail this form along with your check or appropriate credit card information to: YMCA, 1701 Gillionville Road, Albany, GA 31707

PARTICIPANT INFORMATION

PROGRAM # _____ PROGRAM NAME _____

ARE YOU A YMCA MEMBER? _____ MEMBER # _____

NAME _____ SEX _____ D.O.B. ____/____/____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ EMERGENCY PHONE _____

PAYMENT INFORMATION

Check Number _____

Credit Card _____ Visa _____ Master Card _____ Discover Card _____ Card # _____

Expiration ____/____/____ Name on Card (Please Print) _____

Signature _____

CONDITIONS OF PROGRAM MEMBERSHIP

Member Conduct and Right to Use Facility: The applicant agrees to abide by all rules and regulations of the YMCA, and understands that failure to act in accordance with rules may result in expulsion for the YMCA or its programs and membership.

Photography Permission: The applicant hereby gives permission for the YMCA to use, without limitation or obligation, photographs film footage or tape recordings which may include the member's image or voice for purpose of promoting or interpreting YMCA programs.

Refund Policy: Full credit will be given for canceling before classes start less a \$15 processing fee and any registration fees. You will receive full credit if the YMCA cancels a class. A receipt must be provided when requesting a refund.

The undersigned hereby acknowledge that the activities and/or programs in which they, or their minor children, may be involved at the YMCA have inherent risks of accident and/or injury, which risks the undersigned expressly assumes. While the YMCA and its staff shall take reasonable measures to insure a safe and healthy environment, the undersigned hereby voluntarily waives and relinquishes any and all rights, claims or causes of action which might otherwise be brought against the YMCA for any accident and/or injury which might occur to the undersigned, or their minor children.

The undersigned acknowledges that state law mandates the YMCA to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

The undersigned further acknowledges that many of the activities and/or programs at the YMCA require that the participants be in good health. By execution of this document, the undersigned hereby affirms that they, and their minor children, are in good health, or have consulted with their physician, who has advised that they, or their minor children, are in suitable health to participate in YMCA programs and/or activities.

The undersigned also gives permission for photographs and/or video to be taken of them, and their minor children, for YMCA promotional and informational purposes.

The undersigned acknowledges that the YMCA and its staff are relying on this waiver and release.

Signed _____ Date _____