

RC Durr YMCA
YMCA of Greater Cincinnati
PROGRAM REGISTRATION FORM – ONE PERSON PER FORM

Program registration is not guaranteed for mail in and drop-off registrations. Registrations will be first come, first served by member priority.

PARENT/ADULT PARTICIPANT INFORMATION

Date: _____

Parent/Adult Name _____ Date of Birth _____
 Home Phone _____ Work Phone _____
 Address _____ City _____ Zip _____
 Email Address _____

MEMBERSHIP INFORMATION

I am a current YMCA member? Yes No Member # _____

PROGRAM INFORMATION

Participant <i>(Name for Roster)</i>	DOB	Session Name <i>(Winter I 4A)</i>	Class Name Day and Time	7 - Digit Code <i>(12345-01)</i>	Fees
TOTAL DUE – (If a credit is in our system we will put it in when you are checking out)					\$ _____

YOUTH/ADULT SPORTS INFORMATION

T-Shirt Size *Youth* S M L *Adult* S M L XL XXL
 Do you have allergies? Yes No If yes, please explain: _____
 Grade _____ School _____ If possible, I would like my child to play on the same team as _____

Parent Volunteer Opportunities - \$15 credit for being a coach:

As a coach or assistant: Yes No
 T-Shirt Size *Adult* S M L XL XXL
 I am interested in sponsoring a team. Please contact me with information. Yes No

DISCLAIMER/HOLD HARMLESS STATEMENT

I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illness which I may sustain as a result of my/our physical condition or resulting from my participation in any athletic activities, sports program, the use of any equipment, exercise, or any other activity at the YMCA. I expressly acknowledge on behalf of myself and my heirs that I assume the risk of any and all injuries and illness, which may result from my participation in these activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims or injury, death, loss, or damage, which I may suffer as a result of my participation in these activities.
 I understand that the YMCA of Greater Cincinnati is not responsible for personal property lost or stolen while using the YMCA facilities or while on YMCA premises. I give my permission to the YMCA of Greater Cincinnati to use photographs, film footage, audio, or video tape recordings, which may include my image or voice for the purposes of promoting and interpreting YMCA programs and services to the general public.
 I will adhere to the YMCA Code of Conduct. I understand that the YMCA of Greater Cincinnati will hold me accountable to the Code of Conduct, and may restrict my access to the YMCA facilities or its programs upon breach the code.
 I acknowledge the Waiver set forth above and, being in sympathy with the mission statement of the YMCA, I hereby accept the policies and procedures for the YMCA of Greater Cincinnati.

Name _____ Date: _____

PAYMENT METHOD: Check/MO _____ Cash Visa MasterCard American Express

Last 4 Digits on Account number: _____

Name on credit card: _____ Expiration date: _____

Signature: _____ Today's date: _____

(Parent signature)

STAFF INITIALS _____ WAITING LIST YES/NO Team # _____ Coach _____ Practice Day/Time _____