YMCA

We build strong kids

strong families, strong communities

Office Use Only:

_____ Member _____ Non Member

Amount Paid _____ Date_____

Payment Type_____

Grundy Family YMCA Program Registration Form

Parent/ Guardian Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Work/Emergency Number	Home Phone Number	

Program Name	Session Number	Day	Time	Participant Full Name	Date of Birth	Age	Sex	Grade	Shirt Size	Fee
*Registration is done on a first come basis.								Total Due		$

Would you like to help coach or officiate? Yes_____ No_____ Name _____

Phone Number _____

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependent children which might arise directly or indirectly as a result of participation in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the Family YMCA of Black Hawk County, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the Family YMCA of Black Hawk County, except for injuries caused intentionally or by willful misconduct. I certify that I am familiar with the contents of this release, that I have read and understand the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, executors, successors, and assignees. I hereby give my consent to let my child be photographed for use by the YMCA in newspapers and other media for the purpose of publicity or advertisement.

_____

Signature (Parent/Guardian if under 18) Date

[ ] The YMCA works best when everyone is a part of it. If you or a family member have special needs and want to participate in a program, we are happy to make accommodations to meet those needs. Please check this box if you would like a staff member to contact you with more information about our inclusion program.