

South County Family YMCA Englewood Branch

2009 - 2010 Gymnastics Class Registration Form
(See program brochure for class descriptions)

Participant's Name _____ Birthdate _____ Age _____

School _____ Grade _____

Address _____ City/State _____ Zip _____

Home Phone # _____ e-mail address _____

Father's Name _____ Cell Phone # _____ Work Phone # _____

Mother's Name _____ Cell Phone # _____ Work Phone # _____

Physical or mental limitations of participants _____

Emergency Contacts: Name _____ Phone # _____

Name _____ Phone # _____

Release/Authorization for Medical Treatment:

I accept all risk incidental to YMCA activities and do hereby release the YMCA, its officers and instructors from all liability. I understand that I am responsible for carrying my own primary accident insurance. If my child should become ill or injured at a YMCA program, I understand that the facility will try to contact me immediately and contact the persons I have designated if I cannot be reached. Should the facility be unable to reach me or the designated persons, I give my permission for the YMCA to arrange for immediate emergency treatment. The medical facility is authorized to administer emergency medical treatment necessary to insure the safety of my child.

Parent's Signature _____ Date _____

12 - week sessions						
<u>Class Description</u>	<u>Day/Time</u>	<u>Class Code</u>	Fall Session 09FAL- 9/1 - 11/17	Winter Session 09WTR- 12/1 - 3/2	Spring Session 10SPR- 3/9 - 5/25	Session fees (Mbr/Non)
Parent & Tot	Tues 3:30 (18 mos - 3 yrs)	-2GMTOT1				90 / 135
Pre-Gym	Tues 6:30 (3 - 5 yrs)	-2GMPRE1				90 / 135
Kindergym	Tues 4:30	-2GMKNDR1				108 / 162
Instructional	Tues 5:30 (1 st -3 rd)	-2GMINST1				108 / 162
Instructional	Tues 7:30 (4 th -8 th)	-2GMINST3				108 / 162

For office use only:

Program participant Id# _____ Member _____ Non-Member _____

Paid \$ _____ (attach voided check for monthly bankdraft) Receipt # _____ Staff Initials _____