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Date: _____

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FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ART BY CLARE

REGISTRATION FORM CAROLINE FAMILY YMCA

All classes are open to all ages. Kids ages 3-5 must be accompanied by a Parent or Guardian.

of Classes _____
Total Due: _____

Class Friday from 6:00pm-8:00pm.

\$25/Class

_____ May 19th _____ June 16th _____ July 28th _____ August 25th

Class Tuesday from 10:00am-12:00pm

\$25/Class

_____ May 23rd _____ August 15th

Class Tuesday from 11:00am-1:00pm.

\$25/Class

_____ June 20th _____ July 18th

Participants Name: _____

Birth date: _____

Address: _____

Phone: _____

City, State: _____

Zip Code: _____

E-Mail Address: _____

I give my consent for the above registrant to participate in the above programs. I affirm that the general health of the participant is good, and that they have had a physical within the last calendar year and will not be affected by the physical requirements of the program. I understand that there are risks associated with this activity and I agree to hold the Rappahannock Area YMCA, Inc. harmless in case of an accident or injury. I have indicated on the line above any special needs or medical concerns that the YMCA should be aware of. I realize that they YMCA has the right to require a physician's approval to participate if the above registrant has medical conditions or special needs.

Parent's Signature: _____

Date: _____

I hereby give permission for the YMCA to take photographs and videos of the registrant above and use them publicly if they so desire.

Parent's Signature: _____

Date: _____