



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# HOME SCHOOL FITNESS

## PROGRAM REGISTRATION -KING GEORGE FAMILY YMCA

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ email: \_\_\_\_\_

YMCA Member– Y/N                      Membership # \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_