

## EARLY REGISTRATION INFO

### YMCA Members Check out our Early Registration!

Program registration for Spring and Summer starts for members:  
Monday, March 2 at 9:00am

Sports league registration start date for members and participants:  
Monday, March 2 at 9:00am. Registration form required.

Program registration start date for participants:  
Spring: Monday, April 13 at 9:00am  
Summer: Monday, June 1 at 9:00am

**Phone-In** - Member registrations payable with MasterCard™ or Visa™. Call Monday - Friday 9:00am-7:00pm after registration begins. Phone-in registration numbers are:

East YMCA 221-1574 ext. 122	Northeast YMCA 837-8221	West YMCA 276-6606
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**Walk-In** - Next time you're at the Y drop your completed registration form and payment at the front desk. Registration will be processed with mail-in registrations after registration begins

**Mail-In** - Registrations will be processed with walk-in registrations after registration begins. Registration is accepted unless otherwise notified. No confirmation will be sent.

**Please enclose separate form and check for each session.**

• Mail registration form to:

<b>Lussier Family East YMCA</b> 711 Cottage Grove Road Madison, WI 53716	<b>Northeast YMCA</b> 1470 Don Simon Dr. Sun Prairie, WI 53590
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**Lussier Family West YMCA**  
5515 Medical Circle  
Madison, WI 53719

## Please make your gift today.

*The need is greater than ever.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employee Matching Gift Program\*:  yes  no  
Employer \_\_\_\_\_  
*(For purpose of Employee Matching Gift Program)*

### Gift Amount:

\$40  \$100  \$250  \$365 - a dollar-a-day for the YMCA!  
 \$1,000 **President's Club\*\***  
 other \_\_\_\_\_

Gift Given in Memory or Honor of: \_\_\_\_\_

### Payment Method:

Check enclosed made payable to: **YMCA Strong Kids**  
 Draft my bank account monthly \$ \_\_\_\_\_ Effective date/month \_\_\_\_\_  
Please check one:  10th  25th  
 Charge my account:  MasterCard™  Visa™  
Account# \_\_\_\_\_  
CVV# \_\_\_\_\_ *(The last 3 digits AFTER the credit card number in the signature area on the back of the card.)*  
Expiration date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Return pledge card to front desk or mail to:

YMCA of Dane County, Inc.  
Association Offices  
Strong Kids Financial Assistance Program  
8001 Excelsior Drive, Suite 200  
Madison, WI 53717

**All contributions are tax-deductible within the extent of the law.**

\*Many companies will match dollar for dollar any donation you make to a non-profit organization. Check with your HR Dept. and send completed forms in with your donation.  
\*\*With a minimum gift of \$1,000 you will receive 2 free guest passes and a recognition banner that will hang in your YMCA of Dane County program center of choice.

## REGISTRATION FORM

**Preschool Child Care and School Age Child Care have a separate registration packet that must be completed.**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Birth Date \_\_\_\_\_  Male  Female  
Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Check if new address or phone number  
 Select shirt size for sports leagues only  Youth Med. (10-12)  Youth Lg. (14-16)  Adult Sm.  Adult Med.  Adult Lg.  Adult X-Lg.  
 YMCA Member  YMCA Program Participant **Each participant must complete separate form.**

Class	Spring	Summer	Branch	Fee
Total Fees				

**Please Print ALL Information Clearly**

### Agreement

- I hereby certify that the above participant is in good health and capable of safe participation in the YMCA program. I assume all risks and hazards incidental to the conduct of this program. Where applicable, I hereby authorize the YMCA to obtain medical treatment for this participant in the event that a parent or guardian cannot be reached.
- I support the YMCA philosophy, which is based on participation, fun, physical fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership.
- I understand that where applicable, the YMCA will do its best to place the above participant on an equally distributed team talent and that there are no guarantees that the person the above participant requested will be placed on his/her team. **School** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_ **Team/Player Request** \_\_\_\_\_

I would like to be a coach Yes \_\_\_\_\_ No \_\_\_\_\_

### Payment

Check made payable to YMCA of Dane County, Inc. is enclosed.  
 Please charge to my credit card:  Mastercard  Visa Account number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Printed Name of Card Holder \_\_\_\_\_ Expiration date \_\_\_\_\_ CVV# \_\_\_\_\_  
Signature of Participant, or if under 18, that of a Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_