

EARLY REGISTRATION INFO

YMCA Members Check out our Early Registration!

Program registration start date for members:

Monday, July 26 at 9:00am

Sports league registration start date for members and participants:

Monday, July 26 at 9:00am. Registration form required.


Program registration start date for participants:

Fall I: Monday, August 23 at 9:00am

Fall II: Monday, October 11 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. 3033	Northeast YMCA 837-8221	West YMCA 276-6606
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Online Registration -  New online registration for selected classes. Go to www.ymcadaneconomy.org and click the online registration icon at the bottom of the page to begin the registration process.

Walk-In - Next time you're at the Y drop your completed registration form and payment at the front desk.

FINANCIAL ASSISTANCE - DONATE NOW!

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Gift Amount: \$ _____

Payment Method:

Check enclosed made payable to: **YMCA Financial Assistance**

Draft my bank account monthly \$ _____ Effective date/month _____

Please check one: 10th 25th

Charge my account: MasterCard™ Visa™

Account# _____ CVV# _____

Expiration date _____

Signature _____

Date _____

To make an on-line gift, visit our website at www.ymcadaneconomy.org.

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

Return to front desk or mail to:

YMCA Association Offices
8001 Excelsior Drive, Suite 200
Madison, WI 53717

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	Fall I	Fall II	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 _____