

## EARLY REGISTRATION INFO

### YMCA Members Check out our Early Registration!

Program registration for Spring and Summer starts for members:

Monday, March 1 at 9:00am

Sports league registration start date for members and participants:

Monday, March 1 at 9:00am. Registration form required.


Program registration start date for participants:

Spring: Monday, April 12 at 9:00am

Summer: Tuesday, 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. 3033	Northeast YMCA 837-8221	West YMCA 276-6606
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**Online Registration** -  New online registration for selected classes. Look throughout the guide for the ON symbol next to a class title. Go to [www.ymcadaneconomy.org](http://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. Registration will be processed with mail-in registrations after registration begins



## Y GIVE - 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](http://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	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 \_\_\_\_\_