

# 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      Email \_\_\_\_\_  
 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	Winter I	Winter II	(Circle one) East / Northeast / West	Fee
<b>Please Print ALL Information Clearly</b>				Total Fees

### Agreement

1. 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.
2. 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.
3. 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 \_\_\_\_\_