

Wilson Family Y

Child Information

Name _____ Age _____ DOB _____
Address _____ City _____ State _____ Zip _____
Physician's Name _____ Phone _____
Dentist's Name _____ Phone _____

Please List ALL Allergies _____

Please list ALL medications being take and ALL dietary restrictions _____

Has your child has all of his/her required immunizations? Y N

Parent Information

Parent/Guardian Name _____ Phone _____
Address _____ City _____ State _____

Emergency Contact

Name _____ Relationship _____
Home/Work Phone _____ Cell Phone _____

Informed Consent:

I understand that the YMCA will make every effort to contact me in case of an emergency pertaining to my child. If I am unable to be reached, the YMCA will try to contact an alternate adult listed on the registration form. The YMCA has my permission to secure medical attention for my child in the even of an emergency.

I understand that I am responsible for the cost involved should my child become injured while attending a YMCA program and I accept all risks incidental to the program activities. In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in any off-site programs affiliated with the YMCA, the undersigned for himself and any personal representatives, executors, and administrators, WAIVE, RELEASE, DISCHARGE AND COVENANT NOT TO SUE the Wilson Family YMCA, their directors, officers, employees, and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in the program or any other activities.

I give my child permission to be filmed or photographed for the purpose of YMCA publicity in the newspaper, on television, or other official YMCA printed materials or web sites.

I have received, read, and understand the parent information for the program including policies, goals, and philosophy of the program in which my child is enrolled. In particular, I also agree to and understand the policies on payments for services and child discipline as presented to me.

I agree that only the adults on this form are allowed to remove my child from the YMCA program unless I notify the YMCA in writing. Under no circumstances will phone call authorizing child pick-ups be accepted at any time.

Parent/Guardian Signature _____ Date _____

**Please enroll my child in the following classes:
2011/-2012 Gymnastics Classes
Members: \$40/session
Non-Members: \$50/session**

- Monday 4:30-5:20
Preschool or Girls K-6
- Tuesday 5:30-6:20
Advanced
- Wednesday 4:30-5:20
K-6 Boys or Girls
- Thursday 5:30-6:20
Preschool or Girls K-6

Payment Information

I am enclosing payment in full for all classes registered for a total of

\$ _____

Please debit my credit card for all classes registered in the amount of

\$ _____

Visa Mastercard

Card # _____

Signature _____

Date _____