

Ozarks Regional YMCA

general program registration form

Please print, form must be completely filled out. Limit one form per person per program.

Date _____ YMCA Member? Yes No

Participant's Name _____ Male Female Age _____

Are you a student? Yes No School Attending _____ Grade _____

Home Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____

Parent/guardian's Name [If under age 18.] _____

Relation to participant _____

Home phone _____ Work phone _____

Email _____

Parent/guardian available to coach? Yes No To co-coach? Yes No

Coach Name _____ Coach phone _____

program information

Please check one: Camp Child care Family Gymnastics
 Health & Wellness Older Adults Sports Youth

Program Name _____

Location _____ Day _____ Time _____

Start date _____ Fee _____ Total fee included _____

payment method

Please check one: Check MasterCard VISA Discover AMEX

Card Number _____ Expiration date _____

Name of cardholder _____

Cardholder signature _____ Date _____

Shirt size, if applicable, please check one: YS YM YL AS AM AL AXL AXXL

I understand and am aware that I [or my child] will be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA program, I agree to assume the risk of such exercise and further agree to defend and hold harmless Ozarks Regional YMCA, its branches, and its staff conducting the YMCA program from any and all claims, suits, losses, or related causes of action for damages, including [but not limited to] such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the program. I also understand that Ozarks Regional YMCA may use, for publicity and/or promotional purposes, my [or my child's] name or pictures participating in this program, without obligation or liability to me or my family.

Signature _____ Date _____

Please return completed form and payment to the front desk of your Ozarks Regional YMCA location.