



YMCA IN EAGAN 2012 Registration Form

(P) 651 465 9622 (F) 651 683 4704 (W) eaganymca.org

ADULT (Parent/Guardian)

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: ___/___/___ Gender: M F Phone (day): _____ Phone (night): _____

PARTICIPANT

Participant's FIRST name	First:	First:	First:	First:
Participant's LAST name	Last:	Last:	Last:	Last:
Birthdate (required)	/ /	/ /	/ /	/ /
Gender	M F	M F	M F	M F

CLASS NAME

Day/Time			
Class #			

FEE(S) TOTAL

_____ _____ _____

*The participating child must be a current member for the duration of the class to be eligible for the member rate. Please contact the YMCA directly with questions on membership status.

PAYMENT INFORMATION

- Check Mastercard
 Money Order Discover
 Cash American Express
 VISA

Credit Card number _____ Expiration date _____

Signature _____

If a fee is required, payment must be included for registration to be processed. FEES ARE NON-REFUNDABLE.

Member Initials _____

I understand and agree to this refund policy.

WAIVER OF LIABILITY

I understand that The Young Men's Christian Association of the Greater Twin Cities assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings everyday of the program. If YMCA staff is required to administer and use the epi-pen that I agree to forever release and discharge the YMCA and its' directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I hereby release and discharge the YMCA to its' directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a results of participating in these activities.

Parent/Guardian Authorization

- In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.
- I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.
- My child has my permission to be transported by the YMCA to and from field trips.
- I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.
- I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature _____ Date _____/_____/_____

Office Use _____ Processed By _____ Date _____ Amount _____ Payment Type _____