

YMCA OF ABILENE
PROGRAM REGISTRATION FORM
Please check one: State Street _____ Redbud _____

PROGRAM: _____ CYCLE: _____ # _____

STARTING DATE: _____

PARTICIPANT'S NAME: _____

SCHOOL: _____ GRADE: _____

AGE: _____ BIRTHDATE: _____ MALE: _____ FEMALE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

EMERGENCY CONTACT PERSON: _____ PHONE #: _____

PLEASE CHECK ONE: Member _____ (If a Member, what is member # _____) Non-Member _____

Will use t-shirt from YMCA Youth Sports _____ Color _____

NOTE: If you use a t-shirt from the YMCA Youth Sports, your fee will be reduced by \$5.00.

Please mark t-shirt size (if applicable):

YOUTH: Small (6-8) _____ Medium (10-12) _____ Large (14-16) _____

ADULT: Small _____ Medium _____ Large _____ Extra Large _____

Team Choices: (1) _____ (2) _____

Amount paid: _____ Method of Pay: Cash _____ Check _____ Credit Card (See Below)

Credit Card (Please check one): Visa _____ Mastercard _____ American Express _____

Credit Card # _____ Expiration Date: _____

YMCA REFUND POLICY: The YMCA will honor those refund requests made at least 48 hours before the first meeting date of the program. A \$5.00 service fee will be charged and deducted from the refund amount. Once this deadline has passed no refunds will be made. You may apply the unused portion of the program fee to another class scheduled within 90 days.

By my signature and my free will, I do hereby agree to indemnify and save harmless the YMCA of Abilene from any and all claims or demands, costs or expense arising out of any injuries or damages sustained by me or any party to or for whom I am responsible.

Signature: _____ Date: _____

(Parent/Guardian)

FOR OFFICE ONLY:

Amount Paid: _____ Receipt # _____ Date: _____ Initials: _____

Day of Class: _____ Time of Class: _____