

PROGRAM REGISTRATION FORM

TRI-TOWN YMCA 630-629-9622 / Fax 630-629-4636



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Adult Participant or Parent Name: _____

Address _____ City _____ Zip _____

Daytime# _____ Cell # _____ Home# _____

Emergency Contact _____ Relationship _____ Phone _____

Y's KIDS PROGRAM		Y's KIDS PROGRAM			
Participant Name	School Child Attends	Needs Care M T W T H F	7 am to start of school day	End of School day to 6 pm	Fee Paid

CAMP (Spring, Summer, Winter, School's Out)		Camp			Fee Paid
Participant Name	Grade	Choose type: • Summer Teen Trails • Summer Adv. Trails, • Jr. Adventure Trails, • Y's Campers, • Spring Break • Winter Break • School's Out	Before/AM 7-9 am	After/PM 4-6 pm	

OTHER PROGRAMS					
Participant Name	Birthdate	Program	Session	Day/Time	Fee Paid

Payment Method

Cash _____ Check # _____ Visa _____ M/C _____

Card# _____ Expiration Date _____

Authorized Signature _____ Date _____

Release/Waiver:

Participant or guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Tri-Town YMCA, an Illinois chartered not-for-profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release and agree to hold free from all claims for damages the Tri-Town YMCA and its respective offices, directors, trustees, Board of Directors, members, volunteers, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of myself and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I declare myself/my family to be physically sound, having medical approval to engage in YMCA activities. This agreement applies to all past, present and future participation in any YMCA activity without respect as to location.

Signature of Adult Participant (18 years or older) or Parent/Guardian _____

Date _____

Policies

- Returned checks: will be charged a \$20 fee
- Refunds: Anyone withdrawing prior to the beginning of the session will receive a refund minus a \$5.00 service fee unless otherwise noted. Withdrawal, after the session begins, must be for a medical reason only, and will be pro-rated. A medical statement must be presented to receive a refund. We will provide a make-up class when possible, if the YMCA cancels the class. If we are unable to provide a make-up class, a pro-rated refund will be given at the end of the session.