

YMCA OF LAUREL HIGHLANDS PROGRAM REGISTRATION FORM

Participant Name _____ Birthdate _____ Gender: M F

Parent/Guardian if under 18 _____ Birthdate _____ Gender: M F

Address _____ City _____ Zip _____

Primary Phone _____ E-Mail _____

Emergency Contact Name: _____ Number: _____

PARTICIPANT CONTRACT

- Classes may be cancelled due to low enrollment. If another class is not available, credit or refund will be given.
- There will be no refunds on programs not cancelled by the YMCA.
- If a class is cancelled by the YMCA due to weather or other issue, a makeup date will be scheduled.

Monthly Programs: (Please initial each section)

_____ Payment must be received by the end of the month for the next month's classes. If payment has not been received by this time, there will be a \$5.00 late fee per participant. This fee will be automatically posted to your account on the 1st of each month.

_____ **Credit will only be given for long term absences with a medical release.** If you/your child will not be in class for any reason, please notify the instructor.

_____ If you/your child wish to discontinue class, please notify the front desk. If you do not, you are still responsible for all fees while holding a spot.

I give permission for my/my child's photo to be used in any YMCA promotional materials. This may include print, video, or social media. Yes No

The YMCA of Laurel Highlands, instructors and staff will not be held responsible for any accidents while in the YMCA building or on grounds, or while attending any outside YMCA events. I understand that participation in YMCA activities & programs comes with inherent risks including, but not limited to: injury, property damage, disability, sickness, and disease. I voluntarily accept & assume full responsibility for these, and any other, risks related to the use of YMCA facilities and participation in programs.

Participant/Guardian Signature _____ Date _____

Class

Day/Time

Dance & Gymnastics Only

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|----------|---|--------------------------|---|--------------------------|
| Recital? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Recital? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Recital? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Recital? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |
| Recital? | Y | <input type="checkbox"/> | N | <input type="checkbox"/> |