Franklin County Family YMCA

SCHOOL OF DANCE PROGRAM REGISTRATION FORM

2010-2011

ALL REQUESTED INFORMATION MUST BE COMPLETED

PRINT name of individual registering for YMCA program

□ Male □ Female

Last Name of Participant _____ Given First Name _____ Middle Name _____

Date of Birth _____ Age _____

Address _____ Goes by Name _____

Home Phone # _____

Work Phone # _____

City _____ State _____ Zip Code _____

Are you (the person registering for program) a member of the Franklin County Family YMCA? □ Yes □ No

Emergency Contact Person & Phone # _____

Mother or other Legal Guardian _____ Home _____ Work _____ Cell _____

Father or other Legal Guardian _____ Home _____ Work _____ Cell _____

If we may contact you by email, please list email address _____ Do you check regularly? □ Yes □ No

Participant has taken: _____ yrs of Ballet _____ yrs of Tap _____ yrs of _____

List complete information requested below on those classes you are requesting to participate in. Payment for first month must be made at time of registration on classes.

NOTE: SCHEDULE IS SUBJECT TO CHANGE BASED ON REGISTRATIONS (but we will try not to change unless absolutely necessary!)

Day Held	Time Held	Class Description	Ages	Monthly Fee

Release of Liability, Acceptance of Respsibilities, Acknowledgement of Policies

- I understand that participating in any type of fitness activity or program involves a risk of injury. In consideration of my child being allowed to participate in this Franklin County Family YMCA program and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, or assigns may have against the Franklin County Family YMCA, all sites where FCFY program are held, their respective officers, directors, agents, employees, representatives, successors, assigns, and affiliates for death, injury, loss, and any and all damages that my child may sustain and/or suffer in connection with his or her participation in this program. I also agree to indemnify the Franklin County Family YMCA for any defense, cost, or expense arising out of any claim of damages, injury, or death arising from my child's participation in this program. My child is physically fit, I am legally competent, and I freely allow my child to participate in this activity at my own risk.
- I further understand that all YMCA policies, principles and practices must be observed and it is my responsibility to read and comply with all published and posted rules.
- I have read, understand, and agree to comply with the Payment Policies and other Important Information on the reverse side of this form. (Information on back of this form is also published on back of the 2007-08 School of Dance Flyer. Parents: KEEP A COPY SO YOU KNOW THE POLICIES WITH WHICH YOU HAVE AGREED TO COMPLY.) It is extremely important that you read all of this information.
- **I will make monthly payments by the 1st of each month and will pay the $5 late fee PER CLASS if payment is made after 7th of the month.**

PLEASE DO NOT SIGN UNLESS YOU HAVE READ & AGREE TO ABOVE!

Signature (If participant is under 18, parent should sign) _____ Date _____

THIS SECTION FOR Y STAFF TO COMPLETE

YMCA STAFF to complete this section BEFORE PARTICIPANT LEAVES THE FRONT DESK

1) I verified required information is listed above and that participant: □ is member □ is NOT member
2) If participant is a non-member, did you give them a Facility Use Card? □ Yes □ No

I followed steps 1 & 2: Staff Name _____ Date _____

Date(s) Covering	**6/7/10-7/3/10**	**7/5/10-7/31/10**								
Regular Payment Due										
Late Fee Due ($5 per Class)										
Payment Recd										
Date Payment Recd										
Staff Initials										