

AKRON AREA YMCA PROGRAM REGISTRATION FORM

- Canal Square
 Firestone Park
 Green
 Nardon Hills
 Riverfront
 Winter I
 Winter II
 Spring
 Summer
 Fall I
 Fall II

Program registration is not guaranteed for mail in and drop-off registrations. Registrations will be first come, first served by member priority.

PARENT/ADULT PARTICIPANT INFORMATION

Date: _____

Parent/Adult name: _____ Date of Birth: _____

Home phone: _____ Work phone: _____

Address: _____ City: _____ Zip: _____

Legal guardian: _____ Employer/school: _____

****Email Address**** Required for on-line registration: _____

MEMBERSHIP INFORMATION

I am a current YMCA member. Circle one: Youth Adult Family Older Adult

Have you ever considered YMCA membership? Yes No

PROGRAM INFORMATION

Day/Time	Program name	Participant <i>(Name for Roster)</i>	Sex	DOB	Fees	Credit
			M/F	/ /		
			M/F	/ /		
			M/F	/ /		
			M/F	/ /		
			M/F	/ /		

YOUTH/ADULT SPORTS INFORMATION

T-Shirt Size Youth: MED LG Adult: SM MED LG XL XXL

Have you ever played this sport before? _____

Do you have allergies? _____

Height _____ Weight _____ Grade _____ School _____

If possible, I would like my child to play on the same team as _____

Parent Volunteer Opportunities:

As a coach or assistant: Yes No

T-Shirt Size Adult: SM MED LG XL XXL

I am interested in sponsoring a team. Please contact me with information. Yes No

PAYMENT METHOD: (Please circle)

Check/Money Order Cash Visa MasterCard Discover

(Make checks payable to Akron Area YMCA)

Account number: _____

Name on credit card: _____ Expiration date: _____

Signature: _____ Today's date: _____

DISCLAIMER/HOLD HARMLESS STATEMENT

I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement. I authorize the Akron Area YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

Name _____ Date: _____
(Parent signature)

FOR OFFICE USE ONLY:

Receipt #: _____ Staff initials: _____ CC authorization #: _____