



Program / Clinic Registration Form Shenango Valley YMCA



Program name: _____

Location (circle one) *Hermitage* *Farrell*

1st Participant Full Name: _____ **Date of Birth:** _____

2nd Participant Full Name: _____ **Date of Birth:** _____

3rd Participant Full Name: _____ **Date of Birth:** _____

Family and Emergency Contact Information

Family Email Address: _____

Family Address: _____ City _____ State _____ Zip _____

Name: _____ Phone Number: _____

DO YOU HAVE AETNA HEALTH INSURANCE? Yes No (if yes, you may be illegible for discounts)

How did you hear about this clinic/program? _____

Have you or your child ever participated in a sport, program or clinic at our Y? Yes No

If yes, what did you participate in and when: _____

Have you ever been a member at our Y? _____

Please fill out if participant(s) are under 18 years old

Father/Guardian's Name _____ Email Address _____

Phone Number _____ Cell Phone _____

Mother/Guardian's Name _____ Email Address _____

Phone Number _____ Cell Phone _____

**We have some exciting membership opportunities going on right now!
Please see the front desk for details.**

Medical concerns: _____

Schedule Conflicts: _____

