

## Program / Clinic Registration Form Shenango Valley YMCA



Program name:		<del></del>	
Location (circle one) Hermitage	Farrell_		
1 <sup>st</sup> Participant Full Name:	Date of Birth:		
2 <sup>nd</sup> Participant Full Name:			
3 <sup>rd</sup> Participant Full Name:	Date of Birth:		
Family and Emergency Contact Info	rmation		
Family Email Address:		_	
Family Address:	City	State	Zip
Name:	Phone Number:		
DO YOU HAVE AETNA HEALTH INS	SURANCE? - Yes - No (if	yes, you may be illegi	ble for discounts)
How did you hear about this clinic/progra	ım?		
Have you or your child ever participated i	n a sport, program or clinic at o	ur Y? □ Yes □ No	<u> </u>
If yes, what did you participate in and wh	nen:		
Have you ever been a member at our Y? Please fill out if participant(s) are un	nder 18 years old		
Father/Guardian's Name	Email Address_		
Phone Number	Cell Pho	one	
Mother/Guardian's Name	Email Address		
Phone Number	Cell Pho	one	
	nembership opportunitie e see the front desk for de		now!
Medical concerns:			
Schedule Conflicts:			

OFFICE USE ONLY				
YMCA Membership type: □ Youth □ Family/One Parent Family	□ Non – Member	□ Financial Aid Mer	nbership expiration date:	
Transaction # \$ A	mount Paid	Date	Staff Initials	
Shenango Valley Shenango Valley YMCA Men My child(ren) has/have doctor's permis potential risks involved in participation occur I/we hereby give permission on	mbership/Prog ssion to participate with this program	ram/Special Event e in YMCA activities/me n/membership. In the	t Release and Waiver embership. I/we fully under event that a medical emerg	of Liability rstand the
I/we hereby release, waive, discharge the YMCA and their directors, officers, claim or demands therefore on accountis/are upon the YMCA premises, or observed program.	and agree to inde employees, and a t of any injury to	emnify and hold harmle gents from any loss, li my child(ren) or dama	ess the Mercer County House ability, damage, or any cos ge to our property while m	t including any y child(ren)
I/we hereby consent to having photog professional approved by the YMCA an the YMCA, its directors, officers, emplo of such photographs/images. All nega	d the use of such byees and agents	visual images at the d from any and all liabilit	iscretion of the YMCA. I/w y, which may arise from ta	e hereby release king or the use
I/we have read and voluntarily sign this Procedures along with the Program Ru Failure to do so may result in expulsion Refund Policy on programs/memberships.	les and Regulation from the YMCA a	ns and Membership Co	mfort and Safety Rules and	d Regulations.
MERCER COUNTY HOUSING AUTHO phone number, membership type and sci purposes, and hereby grant permission to	holarship amount v	vill be reported to the M		
Signature	Print N	ame	 Date	-
Please fill out if participant(s) are	under 18 years	old		
Participant's Name	_	Age	Date	
Participant's Name	_	Age	Date	
Participant's Name	_	Age	Date	
Mother/Legal Guardian Signature	Print N	ame	Date	-

The reason our membership/program cost is so reasonable is in part due to funding from the United Way and other organizations. Many of these organizations request the following information in order to continually provide funding. **The information below is kept private and confidential.** Survey information will be provided in a group excluding names

Date

**Date** 

**Print Name** 

**Print Name** 

Please help us keep our cost low by answering the following:

Father/Legal Guardian Signature

**Witness Signature** 

(CUT)