



Gymnastics YMCA Registration form

Gymnast's Name: _____ DOB: ____/____/____

Address: _____

City: _____ Zip Code: _____ Home Phone: (____) _____

Contact Name & Relationship: _____ Cell Phone 1: (____) _____

E-Mail 1: _____

Emergency Contact: _____ Emergency Phone: (____) _____

Family Doctor _____ Phone (____) _____

Please list any necessary medical information: _____

Would you like to set up for monthly* auto drafts? YES NO

*Balances will be drafted on the first of each month.

If Yes, please complete: Visa MasterCard Checking Account

Name on account: _____ Account ending in: _____ Exp: _____

Signature: _____ Staff Initials: _____

Waiver of Liability

- I agree to support the YMCA mission by exhibiting the character values of honesty, respect, responsibility, caring and faith.
- I acknowledge that I am responsible for following all YMCA policies and agree to adhere to the YMCA Code of Conduct.
- I acknowledge that the YMCA is not responsible for all injuries to myself and/or my family.
- I acknowledge that the YMCA is not responsible for any damage or loss of personal property.
- I accept responsibility for maintaining adequate insurance for myself and my family.
- I assume all the risks and hazards incidental to conduct of the YMCA programs; I further release, absolve and hold harmless the Sumter Family YMCA, its directors, staff, agents and officers. In case of an injury to myself or my family, I hereby waive all claims against the above parties.
- I give the YMCA permission to reproduce for promotional purposes, photographs of me and/or my family during participation in YMCA activities or programs.
- I understand that system credits/refunds will be issued if the participant withdraws from the program prior to its first meeting less a \$15 administrative cost due to non-recoverable costs incurred in materials and arranging the program.
- I understand payments are due by the 5th of each month and will be addressed a \$10.00 late fee if not paid in full.
- I understand that registration fees are non-refundable.
- Draft cancellation must be requested prior to the 25th of the previous month.

Signature: _____ Date: _____

Note: Parent/guardian or payer must sign if the applicant is under 18 years of age.

By signing the above, I understand that registered sex offenders are not eligible for membership or program participation and are not allowed on Y property or within premises of Y activities.

Staff Initials: _____