



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: _____

What class/level are you signing up for? _____

Which months will you be signing up? Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

*In order to sign up for recurrent sessions, you must be set-up on auto-draft.

Monthly balances will be set up on auto drafts and drafted on the first of each month. Indicate the account that we are to use.

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.
- System credits/refunds of 80% of the pro-rated fee based on the number of days attended will be given upon written request.
- I understand that my child is allowed up to one (1) make-up class per month, which must be sent in writing within 24 hours of my child's absence.
- I understand that my child must have adult supervision before and after class, anything more than 5 minutes before or after the scheduled class will result in a \$10 service fee to cover the cost to pay our staff to watch my child.
- I understand that payments are due at time of registration.
- I understand that registration fees and deposits are non-refundable or transferrable.
- Draft cancellation must be requested prior to the 25th of the previous month.

Signature: _____ Date: _____ Staff Initials: _____

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.