

Martial Art Registration Form

Circle One: Thurs 4-5:00 or Thurs 6-7:00

Please circle: Member \$25/ Month or \$7 per class Non Member \$35/ Month or \$10 /per class

Name _____ Address _____
City _____ State _____ Zip _____
Email _____
Home Phone: _____ Cell Phone: _____
Age _____

Image Statement:

I authorize the YMCA to use my photograph or likeness in printed materials.

Medical Statement:

In the event of an emergency, I authorize the YMCA staff to provide any first aid care deemed necessary. If I need to be transported to the hospital, I hereby authorize his or her health record to the hospital.

Your Personal Check is Welcome Here:

If your personal check is returned, it may be collected electronically and you will be assessed a minimum fee of \$30 (or the maximum amount allowed by law.) Check writers are also responsible for all other collection costs.

Refund Policy:

If you decide that this program is not for you, we will refund 100% of your program fees within 1 week of the start date of the program. After that time, you will receive a partial credit that can be put toward any other Y program that you choose.

Informed Consent:

I understand the YMCA activities have inherent risks and I do hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from any claims or injury sustained during participation in YMCA activities.

YMCA Mission: TO put Christian principles into practice through programs that build healthy spirit, mind and body for all.

By signing below I am acknowledging that I have read the above information and agree to the terms and conditions set forward.

Signature: _____ **Date:** _____