

Aquatics/ Spring

Name of participant: _____ Male/Female Birthdate: ___/___/___ Age: ___
 Address: _____ City: _____ Zip: _____
 Parent / Guardian Name: _____ Home Phone: _____
 Emergency Contact: _____ Phone: _____
 Relationship: _____

Any Medical or Physical Limitations Y / N Any Medications currently being taken Y / N
 If yes, please list: _____ If yes, please list: _____

Please check one

Spring Classes: April 15 - May 26

Preschool Swim

Ages 3-5

- Monday 5:30-6:00pm
- Monday 6:00-6:30pm
- Monday 6:30-7:00pm
- Wednesday 6:00-6:30pm
- Wednesday 6:30-7:00pm
- Thursday 10:00-10:30am
- Saturday 10:30-11:00am

Member Rate: \$44 Non Member Rate: \$66

School Age Swim

Ages 6-13

- Monday 5:30-6:15pm
- Monday 6:15-7:00pm
- Wednesday 5:30-6:15pm
- Wednesday 6:15-7:00pm
- Saturday 10-10:45am

Member Rate: \$57 Non Member Rate: \$86

Parent child swim

Ages 6 months- 3years

- Wednesday 5:30-6:00pm
- Thursday 10:30-11:00am
- Saturday 10:00-10:30am

Member Rate: \$32 Non Member Rate: \$48

Semi Private Lessons

Ages 3 and up

Preferred day and time:
 Please list _____

Do you have a preferred instructor
 If yes, please list _____

Member Rate: \$52 each Non Member Rate: \$78 each

Private Lessons

Ages 3 and up

Preferred day and time:
 Please list _____

Do you have a preferred instructor
 If yes, please list _____

Member Rate: \$104 Non Member Rate: \$156

AFTER REGISTRATION PLEASE PUT IN LAURA'S MAILBOX: ANY PRIVATE/SEMI PRIVATE REGISTRATIONS PLEASE PUT IN ERIN J'S MAILBOX

For Office Use Only

Date _____ Amount Paid _____ Receipt Number _____ Staff Initials _____

The YMCA will not refund program fees once payment is made for enrollment into a program.
Release from liability: Please read this carefully. When you sign this form you will be giving up important legal rights. In consideration of the acceptance of my program application I intend to be legally bound, for not only myself but also for my heirs, my executors, and my administrators. In signing this release from liability I waive and release everyone connected with the YMCA (staff & volunteers) from any and all liability which may arise from my participation in YMCA sponsored activities. In addition, I hereby grant my full and irrevocable consent to release any photographs/images to the YMCA of Marquette County for commercial and art purposed in any medium of advertising of communication.

Signature of Parent/Guardian (if applicant is under 18)

Signature of applicant

All Participants are required to register for the desired programs before they begin. Registration includes full payment and a completed registration form. Names will not be added to rosters without a full payment.

ART: Spring

Name of participant _____ Male/Female _____

Birth Date ____/____/____ Age _____

Address _____ City _____ Zip _____

Parent / Guardian Name _____ Home Phone _____

Emergency Contact _____ Phone _____

Relationship _____

Any Medical or Physical Limitations Y / N _____ Any Medications currently being taken Y / N _____
If yes, please list _____ If yes, please list _____

**AFTER REGISTRATION
PLEASE PUT IN LAURA'S
MAIL BOX**

Spring Classes: April 15 - May 26

INTRO TO DRAWING AND COLOR THEORY
Ages 6 and up
Wednesday 4:30-6:00pm
Member: \$67 Non member \$101

Registration: Registration deadline is 2 days prior to the program start. Program fees are non-refundable.
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Signature of Parent/Guardian (if applicant is under 18)

Signature of applicant

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Date Received _____ Amount Paid _____ Receipt Number _____ Staff Initials _____

Karate /Spring

Name of participant _____ Male/Female Birth Date ___/___/___ Age ___

Address _____ City _____ Zip _____

Parent / Guardian Name _____ Home Phone _____

Emergency Contact _____ Phone _____

Relationship _____

Any Medical or Physical Limitations Y / N
If yes, please list _____

Any Medications currently being taken Y / N
If yes, please list _____

KIDS KARATE (ages 6-14)

Saturday 12pm

Member: \$40 Non member: \$60

KIDS KARATE BEGINNING (ages 6-14)

Wednesday 5:15pm

Member: \$40 Non member: \$60

KIDS KARATE INTERMEDIATE (ages 6-14)

Wednesday 6:00pm

Member: \$40 Non member: \$60

FAMILY KARATE (ages 5 and up)

Saturday 11am

Member: \$35 Non member: \$53

Price includes 1 adult and 1 child

\$8 per additional participant

Please list all participants and age

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Sports Spring

Name of participant _____ Male/Female _____

Birth Date ____/____/____ Age _____

Address _____ City _____ Zip _____

Parent / Guardian Name _____ Home Phone _____

Emergency Contact _____ Phone _____

Relationship _____

Any Medical or Physical Limitations Y / N _____ Any Medications currently being taken Y / N _____

If yes, please list _____ If yes, please list _____

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SPORTS

Spring / April 15 - May 26

T-Ball
Monday 5:15-6:15pm
Member Rate \$30 Non Member \$45

For Office Use Only

Date Received _____ Amount Paid _____ Receipt Number _____ Staff Initials _____

Registration: Registration deadline is 2 days prior to the program start. Program fees are non-refundable.

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Signature of Parent/Guardian (if applicant is under 18)

Signature of applicant



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
 FOR SOCIAL RESPONSIBILITY

Health & Wellness

Adult and Youth Program Registration Form

Member: Yes _____ N _____

Name _____ Male/Female _____

Date of Birth ____/____/____ Age _____

Corporation/School Name _____

Parent/Guardian's Name (if under 18) _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact _____ Telephone _____ Relationship _____

Any Medical or Physical Limitations Y / N
 If yes, please list _____

Any Medications currently being taken Y / N
 If yes, please list _____

Program Name: _____

Session Dates: _____

Payment Information: Amount Paid: _____ Coupon Amount: _____

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Receipt # _____	Date: _____	Staff Initials: _____
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