

ENRICHMENT/FAMILY 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 _____

Parent and Child Playgroup
Ages 1-5 years
Tuesdays 9:15am-10am
Member: \$35 Non: \$53

Creative Wonders
Ages 2-4 years
Tuesday 5:00-5:45pm
Member: \$29 Non: \$44

AFTER REGISTRATION PLEASE PUT IN LAURA'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

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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MAIL BOX**

SPORTS

- Spring / April 15 - May 26
- T-Ball
Monday 5:15-6:15pm
Member Rate \$30 Non Member \$45

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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

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

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

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

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

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

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 _____

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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.