



FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GYMNASTICS REGISTRATION

	PARENT/TOT	PRESCHOOL SCOOTERS	FLIP, WIGGLE & ROLL	BEGINNER	INTERMEDIATE	PRE-TEAM	TEAM Level 2, 3 & Xcel
COST	\$27 Member \$42 Non-Mbr. Pro-Rate Mon \$23 Member \$38 Non-Mbr	\$27 Member \$42 Non-Mbr. Pro-Rate Mon \$23 Member \$38 Non-Mbr	\$54 Member \$69 Non-Mbr.	\$67 Member \$82 Non-Mbr.	\$67 Member \$82 Non-Mbr	\$67 Member \$82 Non-Mbr	<u>Level 2</u> \$90 Member \$105 Non-Mbr <u>Level 3 & Xcel</u> \$92 Member \$107 Non-Mbr
PRACTICE Days & Times	<u>Mon or Wed</u> <u>10:45-11:20am</u> <u>*No Class 10/24</u>	<u>Mon or Wed</u> <u>11:40-12:25pm</u> <u>*No Class 10/24</u>	<u>T/TH</u> <u>4pm-4:45pm</u>	<u>T/TH</u> <u>4:40-5:40pm</u>	<u>T/TH</u> <u>5:35-6:35pm</u>	<u>T/TH</u> <u>5:35-6:35pm</u>	<u>Level 2</u> <u>T/TH</u> <u>5:30-7:30pm</u> <u>Level 3 & Xcel</u> <u>M/W</u> <u>5:30-7:30pm</u>

Please Print (Bold Sections are required):

Child's Last Name: _____ Child's First Name: _____

Male/Female: _____ Age: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Parent's Name: _____ Phone: _____

Special Requests: _____ Email: _____

YMCA Member status of child participating: _____ Member _____ Non-Member

How did you hear about this program?:

_____ Newspaper _____ Facebook _____ Marquee _____ Y Newsletter _____ TV Monitors _____ Referral

Please read and sign below:

Photographs – We sometimes photograph Y activities for promotional and historical purposes. If you object to having your or your child's picture taken or used, please inform the photographer at the time the photos are taken.

Hold Harmless Clause – In consideration of participation in the activities of the Young Men's Christian Association, I do hereby agree to hold free from any and all liability the YMCA and its respective officers, employees, members and do hereby for the applicant, their heirs, executors, and administrators, waive, release and forever discharge and all rights and claims for damages which the applicant may have or which may hereafter accrue to the applicant arising out of or connect with an applicant's participation in any of the activities of the YMCA.

In the event that my child needs immediate medical attention while participating in a Portage Township YMCA program and I cannot be reached, I give consent for emergency medical treatment to be administered in the Emergency Room of any hospital, by my child's physician, the attending Emergency Room Physician, and/or my child's dentist.

Parent/Guardian Signature

Date