

LAKE COUNTY YMCA PROGRAM REGISTRATION FORM

For your convenience you may register at any Lake County YMCA branch for most programs. This form may be used for all programs **EXCEPT FOR OUTDOOR FAMILY CENTER TEAM SOCCER**. Simply download the soccer team registration forms at www.lakecountyyymca.org, call (440) 259-2724 or email your form request to ofc@lakecountyyymca.org. *Program registration is not guaranteed for mail-in or drop-off.*

MEMBER INFORMATION (Select One)

- I am a current YMCA Member (circle one type) Youth Adult Single Parent Family
- I am not a member, but have participated in other Lake County YMCA Programs
- I am not a member and have not participated in any YMCA programs

Primary Information (Parent/Guardian or Adult Participant)

First Name _____ Last Name _____ Gender _____

Date of Birth _____ Home Address Line 1 _____

Home Address Line 2 _____

City _____ St _____ Zip _____

Home Phone (_____) _____ Cell/Other (_____) _____

Email _____

Are you willing to serve as a volunteer coach? If Yes, Volunteer Name _____ T-Shirt Size _____ No _____

PROGRAM REGISTRATION INFORMATION

Program/Event Name <i>(Branch if other than OFC)</i>	Session Date	Time	Participant Name	Gender	Date of Birth	T-Shirt Size	Program Fee

This statement must be signed by a parent or guardian if under 18 or by the adult themselves if they are the participant:

DISCLAIMER/HOLD HARMLESS STATEMENT

I/We understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my membership I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement. I authorize the Lake County YMCA or its designees and contractors to create, have and use photographs, and videotapes containing my image for its record keeping or marketing/public relations programs.

Parent signature

Date

PROGRAM PAYMENT

Payment in full is required at the time of registration. If financial assistance is needed please inquire BEFORE registering. Please make check payable to Lake County YMCA. Send your check along with this form to:

YMCA Outdoor Family Center
4540 River Road
Perry, OH 44081

OFFICE USE:

Date registered _____ Amount paid _____ Check # _____ Staff _____