



YMCA OF BOULDER VALLEY PROGRAM REGISTRATION FORM

► **COMPLETE THIS SECTION IF YOU HAVE REGISTERED AT THIS YMCA BEFORE.**

Adult Participant or Parent (if participant is under 18) Name: _____
 Phone: _____ Birth Date: _____ Email: _____

► **COMPLETE THIS SECTION IF YOUR INFORMATION HAS CHANGED OR IF YOU ARE NEW TO OUR FACILITY.**

Adult Participant or Parent (if participant is under 18) Name: _____
 Phone: _____ Birth Date: _____ Email: _____
 2nd Parent Name: _____ Phone: _____ Birth Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Email: _____ Cell Phone: _____ Work Phone: _____
 Emergency Contact Name: _____ Phone: _____ Relationship: _____

► **COMPLETE THIS SECTION TO REGISTER FOR PROGRAMS.**

Participant Name	M/F	Birth Date	Program Name	Start Date	Code	Fee
1)						
2)						
3)						

► **COMPLETE THIS SECTION IF YOU ARE REGISTERING FOR YOUTH SPORTS OR ADULT HOCKEY.**

1) School: _____ Age: _____ Grade (entering at time of program): _____
 Teammate: _____ Coach/Captain: _____ Team: _____
 2) School: _____ Age: _____ Grade (entering at time of program): _____
 Teammate: _____ Coach/Captain: _____ Team: _____
 3) School: _____ Age: _____ Grade (entering at time of program): _____
 Teammate: _____ Coach/Captain: _____ Team: _____

Requests are not guaranteed. Volunteer to coach! Name: _____ Coach ___ Assistant Coach ___ Training available.

► **PLEASE SIGN HERE FOR WAIVER & PHOTO RELEASE**

The participant is in good health and capable of participating in YMCA programs. I understand the potential risks and hold harmless the YMCA, staff, directors, and volunteers from accidents resulting from participation. I authorize in a medical emergency, after reasonable effort is made to notify immediate family members, a YMCA representative may seek emergency assistance at my expense. I understand and support the YMCA philosophy and goals and will uphold that philosophy through my behavior during the program. I am responsible for reading and agreeing with the philosophies and information on the "General Information" sheet.

I give my permission and consent to the use of any photographs, videotapes or other media record of my participation at the YMCA of Boulder Valley for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture.

Signature: _____ Date: ____/____/____

REFUND & TRANSFER POLICY *
Sports, Aquatics, Fitness, Hockey, and Certification Classes

When the YMCA cancels a program, all fees paid will be refunded. When a participant cancels before a program starts, a \$25.00 fee for hockey and a \$10.00 fee for all other programs will be charged. No refunds will be authorized after the first game or class. No refunds will be authorized for Personal Training

*This policy does not apply to Fun in the Sun and Camps.

Information provided here is for YMCA of Boulder Valley use only. We do not share information with any outside sources.

TOTAL FEES \$ _____ Payment by: Cash _____ Check # _____
 Visa/Master Card # _____ Exp _____ V Code _____
 Intake Initials: Front Desk _____ By Mail/Fax _____ School Location _____ Date _____ Reg Initials _____ Date _____