

# REGISTRATION

Parent/Adult Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Participant Allergies \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
PROGRAM CODE PROGRAM NAME DAY TIME FEE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
PROGRAM CODE PROGRAM NAME DAY TIME FEE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Participant Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_ Gender \_\_\_\_\_  
PROGRAM CODE PROGRAM NAME DAY TIME FEE

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

TOTAL FEE:

Program Refund Policy: Refunds will be issued if notice is given within seven business days prior to the start date of the program, unless stated otherwise. Once the program has started there will be no refunds issued. The YMCA reserves the right to cancel a program that does not have the minimum enrollment. Programs cancelled by the YMCA will be refunded in full by check, or as a program credit, based upon member's preference. All refund requests must be made through the director of the program.

Signature \_\_\_\_\_

I give consent that the YMCA may take photographs, slides or video tapes of my child and/or me as needed for its records or for promotional use, such as brochures, advertisements, and the YMCA of Greater Syracuse websites.

Signature \_\_\_\_\_



EAST AREA FAMILY YMCA  
200 Towne Drive  
Fayetteville, NY 13066

Session: \_\_\_\_\_  
Today's Date: \_\_\_\_\_  
Staff Name: \_\_\_\_\_