

Lakewood Family YMCA Gymnastics Program Registration

Staff Items to be Completed
☐ Liability Waiver Signed (on back)
☐ Program Policies Signed
☐ Cancellation Policy Initialed
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			Par	ent Information				
Name:					DOB:			
E-mail:					Cell:			
Address:								
City:	State:				Zip:			
Emergency Contact:	Relationship:				Phone:			
Please list any special needs tha	t your chi	ild ma	y have	e to enable the YMCA staf	f to work succ	essfully with the	m.	
Participant Information								
<u>Name</u>	<u>DOB</u>		<u>nder</u>	<u>Program Name</u>	Start Date	Class Day/Time	<u>Fee</u>	
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		<u> М</u>	_ F				\$	
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Transfer (EFT) is the met If your child is more than Auto Pay for Gymnastics, please All fees must be paid upo Please be sure that a gua under. All children must If a child's behavior is dis child from the class for s	nod used to sign here on registra for the escorte truptive, uafety reas	es late es ation. your ed to unsafe sons.	Pro Witho child r and fr	keep your child's current our Lakewood Y Gymnast te class, they will not be a gram Guidelines ut payment we cannot guemains in the facility while om class by a parent/guararmful to him/herself or o	ics Fees. Ilowed to partion arantee the clase classes are indicated the classes are included the	Initials:	y reasons. able. es 4 and remove that	
Please submit cancellations IN WRITIN Failure to do so will result in a \$25 can is returned is subject to a \$25 charge.	cellation fee	. Refur	akewoo nds are esponsi	not guaranteed and are up to th	ie Program Direct	or's discretion. Any	payment that	
Received By:					Date:			
Processed By:					Date:			