

YMCA  
We build strong kids,  
strong families, strong communities.

## YMCA Youth Wellness Program Registration Form

(Please complete all information)

Session #: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/guardian name: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_

Participant's doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*Please list any medical conditions and any medications participant may be taking\*\*

I give the Palestine YMCA, its legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority, permission to take, copyright, use, and publish photographs of this youth participant in any and all media, in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of Palestine YMCA, and I waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied. This release shall be binding upon me, my heirs, legal representatives, and assigns.

By signing below and paying program fee, I also agree to indemnify and hold harmless the Palestine YMCA, including the Board of Directors, staff, and sponsors from any and all claims and demands, costs and expenses which may result from participating in the program. **I also understand that I will abide by the refund policy.** I authorize the Palestine YMCA staff or agents to, if necessary, summon EMS, administer emergency medical treatment for the above-named participant, and notify the proper authorities should an injury occur. **The Palestine YMCA does not carry accident insurance.**

### Palestine YMCA Refund Policy

If a member or participant withdraws from any Palestine YMCA program for any reason three days prior to its start date, he/she will receive either a complete refund minus a \$10 cancellation fee, or a Palestine YMCA voucher for the full registration amount. If a member or participant withdraws from an activity after it has begun, he/she will receive a 50% refund of the remaining balance, or a Palestine YMCA voucher for the full registration amount.

- There will be no refunds for less than \$10.
- Persons requesting a refund must bring their receipt and fill out a refund request from before a refund may be issued via check.
- Refunds and vouchers will be issued only to the person listed on the receipt as the purchaser. No exceptions.

This exercise program is for 9-14 year olds. It is a structured class designed to teach proper form and technique for various exercises. **All 9-14 year olds** must complete and pass the Youth Wellness program, which includes a written and practical exam, before access is granted to the Wellness Center. **Otherwise, you must be 15 years old to enter and use the work out area. Privileges are revocable. Wrist abnds must be worn at all times.**

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

### For Office Use Only

Amount Paid

\$ \_\_\_\_\_ Cash  Check# \_\_\_\_\_ Credit  Receipt # \_\_\_\_\_  
Staff \_\_\_\_\_ Date \_\_\_\_\_