

# Group Exercise Registration Form



|                  |  |  |                                       |
|------------------|--|--|---------------------------------------|
| <b>Programs:</b> | <input type="checkbox"/> Aerobic Challenge | <input type="checkbox"/> Spinning          | Program Day: _____                    |
|                  | <input type="checkbox"/> Body Blast        | <input type="checkbox"/> Extreme Intervals | Program Time: _____                   |
|                  | <input type="checkbox"/> Cardio Kick       | <input type="checkbox"/> Ab Lab            |                                       |
|                  | <input type="checkbox"/> Cross-Trainer     | <input type="checkbox"/> Boot Camp         |                                       |
|                  | <input type="checkbox"/> Pilates           | <input type="checkbox"/> Yoga              |                                       |
|                  | <input type="checkbox"/> Tone & Sculpt     | <input type="checkbox"/> Siler Sneakers    | <input type="checkbox"/> Youth Strive |

|                                     |  |  |
|-------------------------------------|--|--|
| <b>Player Information:</b>          | <input type="checkbox"/> Facility Member | <input type="checkbox"/> Program Member* |
| Participants name _____             | Date _____                               |  |
| Address _____                       | City _____                               | State _____ Zip _____                    |
| Home Phone _____                    | Work Phone _____                         | Cell Phone _____                         |
| Birthdate _____                     | Gender M / F                             | School _____ Grade _____                 |
| Parent's Name _____                 | Email Address _____                      |  |
| Parent or Guardians Signature _____ | Date _____                               |  |
| Special Request: _____              |  |  |

|                           |              |                     |
|---------------------------|--------------|---------------------|
| <b>Emergency Contact:</b> | Name: _____  | Relationship: _____ |
|                           | Phone: _____ | Cell Phone: _____   |

Are you a:    Facility Member or Program Member (*please circle one*)

*If you are not a full member of the YMCA you are a program member. Program members have a once a year program fee of \$14 individual or \$24 family. This amount must be included with the payment for the program.*

In consideration of being permitted to utilize the facilities, services and programs of the YMCA for any purpose including, but not limited to, participation in any off-site program affiliated with the YMCA, the undersigned for himself, herself and any personal representatives, their household or guest Waive, Discharge and Covenant Not To be hold liable the YMCA, Children, youth and family services, their directors, officers, employees and their agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities. I support the YMCA philosophy, which is based on participation, fun, physical fitness, and health, skill development, teamwork, fair play, family involvement and volunteer leadership.

I have read and understand this agreement: \_\_\_\_\_  
Signature of Parent/Guardian
Date

YMCA Mission:  
 To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

|                         |                  |               |            |          |
|-------------------------|------------------|---------------|------------|----------|
| <b>Office Use Only:</b> |                  |               |            |          |
| Date: _____             | Amount Pd: _____ | Check # _____ | Cash _____ | CC _____ |