

Greater Holyoke YMCA Program Registration Form

(Please Fill Out Completely at Time of Registration)

First Name _____ M.I. ____ Last Name _____

Street Address _____ City _____ Zip _____

Home Phone _____ Day Phone _____

Date of Birth ___/___/___ and/or Age ___ Please Circle one: Member Program Member

E-mail: _____

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Program Registration Information

Program Name	Time	Day	Fee Enclosed
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL			\$ _____

Informed Consent

In consideration for myself and/or my child being allowed to participate in Greater Holyoke YMCA programs, I agree to assume the risk for participating in such programs, and further agree to hold harmless the Greater Holyoke YMCA, the Board of Directors and its staff members conducting such programs from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from Greater Holyoke YMCA programs.

Signature of Participant or Parent/Guardian if under age 18

Date