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[www.spencerymca.org](http://www.spencerymca.org)

## PROGRAM & SWIM LESSON REGISTRATION FORM

COMPLETE AND RETURN to MEMBER SERVICES WITH PAYMENT

DATE: _____						For office use only
Parent / Guardian Name: _____						Session:
Address: _____				City _____	ZIP _____	MSC Initial
Cell # _____			Home # _____			Receipt #
Current email: _____						
Participant's Name:	Birthdate:	Program Name	Program Code:	Day / Time	Fees	Circle one
						M   PP
						M   PP
						M   PP
						M   PP
						M   PP
						M   PP
						M   PP
						M   PP
						M   PP
						M   PP
Cash   Check   Credit Card   Y Credit						Total Paid

**WAIVER:** By signing below, I knowingly participate or allow this minor to participate in the activity(ies) and do so at my own risk and personally assume responsibility for any injuries or other damages I or this minor may incur as a direct result of my or their participation.

**WAIVER:** By signing below, I understand that Kids Club will be available at the Y before or after their structured activity. If a child is left unattended before or after their class, they will be signed in at Kids Club (Kids Club fees will apply). Children must be in the 4<sup>th</sup> grade to be at the Y by themselves.

**PHOTO POLICY:** By signing below, I do hereby consent and agree that the Spencer Family YMCA, its employees, or agents have the right to take photographs to use in any and all media, now and hereafter known.

**REFUND POLICY:** Participants withdrawing prior to the beginning of the session will receive a full refund. Withdrawal after the session begins may receive a refund that may be pro-rated.

Returned checks will be charged a \$25 fee.

\_\_\_\_\_

Signature of Adult / Guardian Date