

Program Registration Form

Charles River YMCA-2008

Please complete one registration form per participant, per program

Participant: Name: _____ Gender: F M
Date of Birth: ___/___/___ School Grade: _____

Parent: Name: _____ Gender: F M
Date of Birth: ___/___/___
Address: _____ Home Phone _____
Cell/Emergency Phone: _____ E-Mail _____

Program Selection

1st Choice Class: _____ Code: _____ - Day: _____ Time _____
2nd Choice Class: _____ Code: _____ - Day: _____ Time _____

Payment

Check: Check #: _____ Amount: \$ _____
Credit Card: Card #: _____ Amount: \$ _____
Exp. Date: ___/___/___ Signature: _____

Yes! I would like to donate to the YMCA's Reach out scholarship fund. Amount: \$ _____
Total Payment: \$ _____

In consideration of the YMCA of Great Boston's ("the YMCA's") of acceptance of my participation and its permission to use its facilities. I agree, for myself and my minor children, to indemnify the YMCA and its directors, officers, employees and agents against any loss arising out of or relating to any costs I or any member of my family, including any minor child, incur to physicians, dentists, hospitals or other health care providers for injuries, diseases, or other medical conditions that occurred or were activated, aggravated, or caused while I or the member of my family was on the YMCA's premises. I also agree, for myself and my minor children, to indemnify the YMCA and its directors, officers, employees, and agents, against any loss arising out of or relating to the use by me or any member of my family, including any minor child, or the YMCA's facilities, or arising out of or related to my participation with the YMCA, or with any child's use of the YMCA's facilities.

By submitting this registration form, I/we agree that the YMCA may photograph or videotape me/us, and the YMCA may use those photographs or video footage for its marketing purposes. I/we release the YMCA from any claim or liability related to that use, waive all claims for myself/ourselves, my/our heirs and assignees against the individual staff persons and the YMCA.

Participant/Parent/Guardian Signature: _____

Date: _____

Charles River YMCA Class Cancellation Policy

1. The YMCA reserve the right to make schedule changes to better serve our members and to cancel/combine classes and programs.
2. If a participant withdraws from a class prior to the start of the third class meeting, s/he can choose to receive either:
A. A credit for the course fee, prorated for the number of classes already held and minus a \$5.00 processing free. Credits are valid for three years.
-OR-
B. A refund for 50% of the course fee, prorated for the number of classes already held.
3. If a participant withdraws from a class during or after the third class meeting, no credit or refund will be issued. Credits are not issued for minor illnesses, but may be issued for major medical conditions at the discretion of the program director.
4. No refunds or credits will be given for inclement weather or in the event of a facility emergency. Refunds will be issued if the YMCA chooses to cancel a class.