



Office Use Only	
Date:	_____
Receipt:	_____
Amount Pd:	_____
_____ Cash	_____ Check
Staff Initials:	_____

Chilton County Family YMCA
Program Registration Form

Participants Name: _____ Goes By: _____
Address: _____
City: _____ Sate: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
E-Mail: _____
DOB: _____ Grade: _____
Program: _____ Day & Time: _____
Mothers Name: _____ Work Phone #: _____
Fathers Name: _____ Work Phone#: _____
Child's Physician: _____ Phone #: _____
Health Concerns: _____
Emergency Contact: _____ Phone #: _____

Withdrawal Policy

I understand I must give a 30 day notice and fill out a withdrawal from class form if I withdrawal before the end of the current session, I will be responsible for that session's payments. If I have an automatic draft for my class/team payment, my account will be drafted.

Waiver of Liability

_____ is participating in the karate program being offered by the Chilton County YMCA and has my permission should my child become ill or suffer from an accident during the program, the instructor shall undertake to contact the person listed above. In the event he or she is unable to reach that person at once, he or she is authorized to secure such medical attention as necessary. I am aware that the programs are carefully supervised; therefore I am willing to assume responsibility for payment of any medical expenses that might be necessary in the event of accident or illness.

Parent/Guardian Signature: _____

MUST PAY FOR FIRST MONTH AT THE TIME OF REGISTRATION.