



Northfield Area Family YMCA
 220 Division Street, Suite 1
 Northfield, MN 55057
 (507) 645-0088

Program Registration Form

Today's Date: _____

Name						T-Shirt	Birth Date	Gender
Title	First Name	MI	Last Name	Suffix	Nickname	Size Yth S M L Adlt S M L (circle one)	MM/DD/YY	<u>Circle One</u> Male Female

Address			Telephone Numbers	Email Address
Street	Apt. #		Home ()	
City	State	Zip	Cell/Other ()	

Emergency Contact Information	
Emergency Contact Name (First and Last)	
Contact Phone Number ()	Relationship

Member Referral
How did you hear about the YMCA?
If a member referred you, please list their name so we can acknowledge them.

YMCA Membership		
Is the above person a member of the Northfield Area Family YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No	Type of Membership <input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Family	Expiration Date

Program/Activity			
Name of Program	Location	Day	Time
Session Winter I <input type="checkbox"/> Winter II <input type="checkbox"/> Spring I <input type="checkbox"/> Spring II <input type="checkbox"/> Summer I <input type="checkbox"/> Summer II <input type="checkbox"/> Fall I <input type="checkbox"/> Fall II <input type="checkbox"/>			

Payment	
Membership (Family - \$150, Adult - \$100, Youth \$50)	_____
Program Fees	_____
Contribution to Financial Aid for Others	_____
Other	_____
Total	_____
I authorize payment of the above amount to the Northfield Area Family YMCA	
Credit Card Number	Expiration Date
Signature	

Waivers	
<p>My signature indicates my understanding that the Northfield Area Family YMCA assumes no responsibility for injuries or illnesses sustained as a result of any physical condition or resulting from participation in any YMCA program or activity. I expressly acknowledge on behalf of my minor children and family members and heirs that I assume the risk for any and all injuries and illnesses that may result in participation in these activities. I hereby release and discharge the YMCA, its officers, directors, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my family may suffer as a result of participating in these activities. I also hereby authorize the YMCA to secure first aid and medical attention in the event of an emergency, including transport to an emergency facility. I also hereby release all photographs of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials.</p>	
Signature	Date