



Northfield Area Family YMCA
 519 Division Street
 Northfield, MN 55057
 (507) 645-0088
 www.northfieldymca.org

Program Registration Form

Today's Date: _____

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

Parent or Guardian		Name				Birth Date	Gender
Title	First Name	MI	Last Name	Suffix	Relationship	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		Expiration Date
Is the above person a member of the Northfield Area Family YMCA?	Type of Membership	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Family	

Program/Activity			
Name of Program	Location	Day	Time

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
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.
Signature _____ Date _____