

# **FAX REGISTRATIONS NOW ACCEPTED!**

## **Youth and Adult Programs, Classes and Teams**

- Complete the registration form for each program/session/class.
- The waiver form and medical form must be updated annually.
- Note priority and open enrollment dates for each program session or class, as registrations will not be accepted before specified enrollment dates.
- Payment must be made by credit card.
- **Fax registrations are not guaranteed for enrollment.**
- Forms can be walked-in to the YMCA. Refer to brochure for registration hours.

**\*IMPORTANT:** Fax registrations **ARE NOT** accepted for childcare programs at school sites due to licensing and grant requirements. For information regarding Licensed Childcare or SafeNeighborhoods call the childcare registration office at (619) 421-8805 Monday thru Friday, 7am to 7 pm or Saturdays, 9 am to 1 pm.

Visit our website at <http://southbay.ymca.org>

**TO REGISTER FOR A CLASS OR PROGRAM VIA FAX:**

Please note: Childcare registration for school sites are only accepted in person. Please call the Childcare Department at (619) 421-8805 for details.

1. Fill in the information below and complete a Medical Release form for each participant.
  - a. FAX both pages to the South Bay Family YMCA at (619) 421-8012, attn: Registration Department.
  - b. Fax registration is not guaranteed for class/session.
  - c. Registrations accepted only during enrollment dates. (See brochure for dates)
2. For walk-in registration, bring this form to the Registration Desk. (See brochure for Registration Hours)

Name of Participant: _____		Date of Birth: _____	Age: _____
Is Participant a YMCA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address: _____		City, State, Zip: _____	
Name of Parent/Legal Guardian (if participant is under 18): _____			
Work Phone: _____		Home Phone: _____	E-mail: _____
		<b>1st CHOICE</b>	<b>2nd CHOICE</b>
Class/Program Start:			
Class/Program Name:			
Class/Program Day/Time:			
Class/Program Fee:			
Brochure Page:			
Sports Program:			
Age: _____	Program: _____		

Name of Participant: _____		Date of Birth: _____	Age: _____
Is Participant a YMCA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Home Address: _____		City, State, Zip: _____	
Name of Parent/Legal Guardian (if participant is under 18): _____			
Work Phone: _____		Home Phone: _____	E-mail: _____
		<b>1st CHOICE</b>	<b>2nd CHOICE</b>
Class/Program Start:			
Class/Program Name:			
Class/Program Day/Time:			
Class/Program Fee:			
Brochure Page:			
Sports Program:			
Age: _____	Program: _____		

**PAYMENT SUMMARY:** Class/Program Fee: \_\_\_\_\_ Class/Program Fee: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

**METHOD:** (check one)  Visa  MasterCard  Discover  
 Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Card Member's Name (print) \_\_\_\_\_ Card Member's Signature: \_\_\_\_\_

**DEMOGRAPHICS QUESTIONNAIRE**

**OPTIONAL:** This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members. **No penalty or disadvantage will occur if you do not complete this form. YMCA regulations permit only the Executive Director to have access to this information.**

<p><u>Ethnicity:</u></p> <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Native American Indian <input type="checkbox"/> Biracial	<p><u>Special Needs:</u></p> <input type="checkbox"/> Hearing <input type="checkbox"/> Vision <input type="checkbox"/> Physical <input type="checkbox"/> Developmental <p><u>Primary Language:</u></p> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other _____	<p><u>Household Income:</u></p> <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> \$10,000-14,999 <input type="checkbox"/> \$15,000-24,999 <input type="checkbox"/> \$25,000-34,999 <input type="checkbox"/> \$35,000-49,999 <input type="checkbox"/> \$50,000-74,999 <input type="checkbox"/> More Than \$75,000	<p><u>Household Units:</u></p> <p>Number of Adults _____</p> <p>Under 50 yrs. _____</p> <p>Over 50 yrs. _____</p> <p>Number of Children _____</p> <p>Under 5 yrs. _____</p> <p>Ages 5-12 yrs. _____</p> <p>Ages 13-17 yrs. _____</p>
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For Office Use: _____
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South Bay Family YMCA

Adult Information & Waiver Form

All South Bay Family YMCA members & participants must have a completed form on file.

Please Print:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Waiver Form:

In consideration of being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I hereby:

- 1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of the Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect.

Signature of Applicant \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name \_\_\_\_\_

IMPORTANT: This form must be completed annually. It can be dropped at the Front Desk during regular registration hours (see brochure for days/times). South Bay Family YMCA, 1201 Paseo Magda, Chula Vista; or faxed to (619) 216-3680, attn: Registration Department. It must be received at the South Bay Family YMCA prior to the start of all classes, programs or camps.