



HENDERSON COUNTY FAMILY YMCA PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION: (Please Print) Division: ___A ___B ___Church Team Name_____

Program Name: Adult Basketball (Team Captain) Participant's Name _____

Date of Birth ___/___/___ Email Address: _____ Gender M___ F ___

Mailing Address: _____ City: _____ State/Zip _____

Parent/Guardian (if under 18): _____ Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____ **Best Phone #:** _____

Emergency Contact: _____ Phone: _____
(Parent/Guardian if participant is under 18 years of age)

WAIVER INFORMATION

I and the participant release the YMCA and the owner of any off site premises under this program, and their staffs and agents, from responsibility in the event of injury or loss of personal items while participating in the YMCA program. In the event I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the YMCA staff to secure and administer treatment, including hospitalization, and/or transportation for the participant named above. The YMCA does not carry accident insurance on program participants. This completed form may be photocopied for future use deemed necessary by YMCA staff. I agree to allow photos of myself/child to be used by the YMCA for advertising purposes.

Signature _____ Date _____

SHIRTS – If the program fee includes a shirt, it will be noted in the program description. Please circle size.

YOUTH **S** **M** **L** **ADULT** **S** **M** **L** **XL** **XXL** **XXXL**

INITIAL EACH BELOW

REFUND POLICY/PAYMENTS – Initial Each

_____ Payments:

Registration is on a first come, first serve basis. YMCA reserves right to cancel class with insufficient registration. Payment in full is required at registration.

_____ Cancellation Policy:

- Some programs require a minimum number of participants to hold class.
- If minimum class numbers are not met 3 days prior to first day of class, participants will be notified that class may be postponed or cancelled.
- If YMCA cancels, refund or on-line credit will be issued.

_____ Refund Policy:

Y Cancels Program – 100% refund – refund check will be issued within 10 business days.

Participant Cancels

- Participant cancels prior to first class – 100% refund – (Less \$5.00 Administration Fee)
- Participant cancels after first class – 50% refund – (Less \$5.00 Administration Fee)
- Participant cancels after second class – 25% refund – (Less \$5.00 Administration Fee)
- Participant cancels after third class – No refund