

# YMCA Adventure Guides Program Registration

**Office Use Only:**  
 HID: \_\_\_\_\_  
 Staff: \_\_\_\_\_  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Participating Parent \_\_\_\_\_ (please circle) M F

Participating Child \_\_\_\_\_ (please circle) M F

Child's Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade ('09-10) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Subdivision (if applicable) \_\_\_\_\_

Contact Numbers - Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address (please print clearly) \_\_\_\_\_

Parent's Business Name \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## Metro Atlanta YMCA Adventure Guides Programs Waiver

I certify that, in advance of participation in the activity or program identified herein, I have received any and all information which I deem necessary or important in making an informed choice regarding my own or my child/ward's participation in such activity or program. In consideration for Metro Atlanta YMCA, allowing myself, I hereby voluntarily agree to assume all risks of my participation in such activity or programs, and agree to hold harmless Metro Atlanta YMCA, its successors, agents, employees and volunteers ("YMCA") from and against any and all liability, claims, damages or expenses which I, my child or ward have or may have arising out of or related to my participation in such activity or program, including death, personal injury or property damage or loss of any kind, whether caused by the act or omission of the YMCA, myself, my child or ward or others. Further, I hereby grant Metro Atlanta YMCA full permission to use any photograph or other record of me, my child or ward, at any YMCA Adventure Guides event for legitimate promotional purposes.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Registration Fees	
Facility <b>MEMBER</b>	<b>*PROGRAM</b> Member
\$25 Parent/Child	*\$40 Parent/Child

\*To participate in any Y programs you must have a membership. **PROGRAM** membership is a \$35 annual fee. Facility **MEMBER** has full facility access, and receive discounts on our programs. To find out more about becoming a full facility **MEMBER** please call (770) 345-9622

## Credit Card Agreement

Registration Fee \$ \_\_\_\_\_ Membership Fee \$ \_\_\_\_\_ Grand Total \$ \_\_\_\_\_

### Credit Card Information:

Name on Card (Print): \_\_\_\_\_

Type of Card:    MasterCard    Visa    Discover    AMEX

Card Numbers \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_

- ◆ I authorize the YMCA to charge my credit card for the above amount.
- ◆ I understand that if my credit card declines my child(ren) spot will not be reserved until full payment is made.

Card Holders Signature: \_\_\_\_\_

Date \_\_\_\_\_

