



**G. CECIL PRUETT COMMUNITY CENTER FAMILY YMCA  
REGISTRATION FORM**



**Guardian's Name:** \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**1.) Participant's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M \_\_\_\_ F \_\_\_\_

Program(s) participant 1 is registering for:

Class Name	Session Dates	Day / Times

**2.) Participant's Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M \_\_\_\_ F \_\_\_\_

Program(s) participant 2 is registering for:

Class Name	Session Dates	Day / Times

Same Address     New address info:    Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please note and initial the following statements:**

There will be **NO** refunds if you cancel the class with in 48 hours, of the class starting.

All Cancellations/Additions must be in writing on a YMCA Cancellation/Addition form. **NO** cancellations will be taken over the phone.

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

OFFICE USE ONLY			
Household ID	Household Name	Staff Initials	Date Processed