



PROGRAM REGISTRATION HOPEWELL VALLEY YMCA

Participant Name: _____ Phone: _____
(One form per participant please)

Gender (circle): M F Birthdate: _____ Age: _____ School: _____ Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian contact: _____ Phone: _____ Cell Phone: _____

E-Mail(H) _____ (W) _____

Emergency contact: _____ Phone: _____ Cell Phone: _____

Please list any medical allergies or conditions instructors should be aware of:

Rec. Basketball: my child is unable to participate (choose **ONLY** 1 day): Mon. Tues. Wed. Thurs. Fri.

T-Shirt Size (circle): Youth: S M L Adult: S M L XL

Program Name/Class Name:	Location:	Days:	Time:	Fee:
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

REGISTRATION REQUIREMENTS:

- Membership must be current and paid in full at the time of registration and must be valid through the last day of the program.
- Total amount (program fee and membership fee) is due at the time of registration. Participant is registered only when paid in full.
- Late fee of \$20 will be assessed if registration is received past advertised deadline.

Program Fee(s) Total \$ _____
 Late Fee (if applicable) \$ _____
 Annual Membership Dues: _____
 (circle if applicable) Youth: **\$40.00**
 Adult: **\$54.00**
 Family: **\$88.00**

Family Membership Information (please list all members below):

Total amount Due: \$ _____

NAME:	GENDER (M/F :)	BIRTHDATE:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

I, the adult applicant, hereby give approval for the applicant's participation in any and all HVYMCA program activities, registered, and hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, and persons involved in the organization of the HVYMCA programs for his/her claims arising out of injury to the named applicant or any member of his/her family who may be participating as a spectator. By enrolling, I grant full and irrevocable consent to release any photographs taken during the program to the Hopewell Valley YMCA. I give permission to the Hopewell Valley YMCA to use photographs of myself and / or my child for historical archives, educational, and promotional purposes. These materials may be used for immediate or future use. I understand that there is no remuneration and that the pictures may not be used for commercial purpose.

Parent/Guardian/Adult Applicant Signature: _____ Date: _____

CHECK ENCLOSED (Check Payable to HVYMCA) PLEASE CHARGE MY CREDIT CARD: VISA MC
CREDIT CARD # _____ EXP. DATE: _____

CARDHOLDER'S ADDRESS (if different than above) _____

CARDHOLDER'S SIGNATURE: _____

TO REGISTER, SEND COMPLETED REGISTRATION FORM WITH PAYMENT.
MAIL TO: HVYMCA, P.O. BOX 301, PENNINGTON, NJ 08534
FAX TO: (CREDIT CARD PAYMENTS ONLY) TO 609-737-8081
OR IN PERSON TO: 62 SOUTH MAIN STREET, PENNINGTON, NJ 08534

YES! I WOULD LIKE TO VOLUNTEER! BASKETBALL SOCCER BASEBALL/T-BALL FUNDRAISING COMMUNITY EVENTS