Adult Program Registration

Program Name:_____

Session Dates:_____

Name:_____

Address:_____

City:_____ST:_____Zip:_____

Birthdate:_____M ❑ F ❑

Home phone:_____

Email: _____

Emergency contact:_____

Employer:_____

❑Caucasian ❑Asian/Pacific Islander ❑Hispanic
❑African American ❑Native American ❑Other

Any Physical Limitations: ❑No ❑Yes: Explain Below

Medications/Explanation: _____

Fees:	❑	_____	Registration Fee
	❑	$45.00	Annual Program Membership (per person for non-members)
		$_____	Total Enclosed Make checks payable to: YMCA

❑Financial Aid Applic. Enclosed ❑Financial Aid Applic. on file

Waiver of liability

I hereby accept any and all responsibility for, and assume the risk of any and all injury and damage to my person or dependent children which might arise directly or indirectly as a result of participation in a YMCA program. I hereby expressly release, discharge and hold harmless from any liability whatsoever the YMCA of the Mid-Peninsula, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the YMCA, expressly including, but not limited to, the Board of Directors of the YMCA of the Mid-Peninsula. I certify that I am familiar with the contents of this release, that I have read and understood the same, and that it is my intention by signing this release that the same be binding not only on me, but my heirs, administrators, successors, and assigns.

_____

Signature

_____

Date

Return completed form with signed waiver to:

YPALO ALTO FAMILY YMCA.
3412 Ross Rd, Palo Alto, CA 94303
(650) 856-9622 www.ymcamidpen.org

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