

REGISTRATION INFORMATION



Must be post marked no earlier than the preceding Saturday of mail-in registration. (Any post mark other than the above will not be accepted).

1. Complete the registration form and enclose a check, money order, Visa or MasterCard number. Do not send cash.
2. This form must be completed in its entirety. Failure to do so may result in not processing your registration and securing a slot in the class.
3. If first choice placement is not possible, we will contact you by phone.

PLEASE NOTE:

- FORM MAY BE REPRODUCED
- PAYMENT MUST BE ENCLOSED
- DO NOT SEND CASH

Refund/Credit Policy:

Program fees will be refunded ONLY if the YMCA cancels a program. A 50% credit may be issued only for medical reasons upon presentation of a doctor's certification and if requested prior to the start of the second class. No credits will be issued after the start of the second class. All credits must be used within one year. Program participants must complete a credit request and submit receipts.

Class Cancellation Notice

The decision is made whether or not to run a class based on registrations, 24-hours before that class is set to begin. If a class will be cancelled due to low registration, we will notify you by phone.

IMPORTANT REGISTRATION DATES

Winter

Member

Mail In, Online/Walk In: Dec. 11

Spring I

Member

Mail In, Online/Walk In: Feb. 5

Spring II

Member

Mail In, Online/Walk In: April 1

Winter: December 11

Program Name and Number 1st Choice _____

Day/Time _____

Program Name and Number 2nd Choice _____

Day/Time _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Member ID # _____

Participant D.O.B. _____ Email _____

Amount of Payment \$ _____

Check # _____

Visa or MasterCard

Number _____

Exp. Date: _____

Parent's Name: _____

Member ID # _____

Parent's D.O.B. _____

I hereby waive any liability the OLD COLONY YMCA, it's officers, directors, trustees, agents, volunteers and employees shall not be liable for, any bodily injury to me incurred while I am participating in a sponsored YMCA activity, program, class, or service, and I hereby assume the risk of any bodily injury incurred by me while participating in any YMCA sponsored activity, program, class, or service. In addition, it is fully understood and agreed that the Old Colony YMCA reserves the right to take pictures/video of participants for brochures/publications and marketing purposes. I understand that the Old Colony YMCA is not responsible for my personal property.

Signature of Participant, Parent or Guardian: _____ (18 years of age or over)

REGISTRATION INFORMATION



Spring I: February 5

Program Name and Number 1st Choice _____

Day/Time _____

Program Name and Number 2nd Choice _____

Day/Time _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Member ID # _____

Participant D.O.B. _____ Email _____

Amount of Payment \$ _____

Check # _____

Visa or MasterCard

Number _____

Exp. Date: _____

Parent's Name: _____

Member ID # _____

Parent's D.O.B _____

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Signature of Participant, Parent or Guardian: _____ (18 years of age or over)

Spring II: April 1

Program Name and Number 1st Choice _____

Day/Time _____

Program Name and Number 2nd Choice _____

Day/Time _____

Participant Name _____

Address _____

City _____ State _____ Zip _____

Phone # _____ Member ID # _____

Participant D.O.B. _____ Email _____

Amount of Payment \$ _____

Check # _____

Visa or MasterCard

Number _____

Exp. Date: _____

Parent's Name: _____

Member ID # _____

Parent's D.O.B _____

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