

YMCA Spring 1 2010 Registration Form

Priority Mail-in/Fax/Drop Off Registration FOR MEMBERS

Registration forms will be accepted by mail or fax beginning **February 3** (not before) for members only. Fax registrations must be paid by credit card.

Fax number (508) 620-1610. Please call (508) 879-4420 within 30 minutes — only to confirm receipt of your fax.

Registrations will be processed by lottery based on the date they are received. Incomplete or illegible registrations or memberships that expire before the session ends, will not be able to be processed and will lose priority.

Walk-In Registration

Non-member: **Monday, February 15**

Non-member registrations will not be accepted before February 15 and may not be mailed or faxed.

Members and Non Members must fill out form below each session.

YMCA Spring 1 2010 Program Registration

For more registration information, please refer to page 3.

Please complete one form per participant.

Mail to: MetroWest YMCA
Program Registration
280 Old Connecticut Path
Framingham, MA 01701

All classes require a minimum enrollment. The MetroWest YMCA reserves the right to cancel any class that does not meet the minimum amount of participants. If your class is cancelled, you will be notified prior to the scheduled start of class. **Refund return policy is on page 3.**

Today's Date _____

PLEASE PRINT CLEARLY. *To be completed by participant if age 18 or parent if under age 18.*

	Class Name(s)	Class Code / 2nd Choice Code	Price
First Class	_____	_____ / _____	\$ _____
Second Class	_____	_____ / _____	\$ _____
Third Class	_____	_____ / _____	\$ _____
Total # of Classes:	_____	- Credit _____	

Total \$ Due: _____

Mandatory YMCA Waiver

I understand that the MetroWest YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the MetroWest YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the MetroWest YMCA is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. **I acknowledge the WAIVER set forth above.**

Signature of Participant or Parent **GUARDIAN** _____ Date _____

Membership Type:

- Fixed Term/Expiration Date: _____ (must be active through **4/18/10**)
- Please renew my membership
- Bank Draft

Parent/Guardian's Name _____

Parent/Guardian's Birth date _____

Participant's Name _____

Participant's Gender _____ Participant's Birth Date _____

Address _____

City, State, Zip Code _____

Daytime Phone _____ Evening Phone _____

E-mail Address _____

Amount of Payment _____ Check Number _____

Credit Card Number (MC/Visa/Discover ONLY) _____ Expiration Date _____

Signature of Card Holder (required) _____

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