



Toby Wells YMCA

Gymnastics Registration Form

Phone: 858-496-9622 Fax: 858-496-8950

(Please print clearly)

Child's Name: _____

Birthdate: _____ Age: _____

Home Phone: _____ Work Phone: _____

Email Address: *(for YMCA program-related communications ONLY)* _____

SIX WEEK SESSIONS

Session Dates	Class/Level:	Days/Time:	Price of Session:

- All classes require a minimum class size of 3 students and class dates and times are subject to change.
- Refunds are ONLY given when a class is cancelled by the YMCA.
- Faxed registrations do not guarantee a space in the class. Please be sure to call and verify that your child is registered.
- A \$10.00 late fee is applied after the registration deadline.

Cash (exact change)

Check (payable to Mission Valley YMCA)

Visa

MC

Discover

American Express

Credit sCard # _____ Expiration Date: _____

Name on the card: _____

Parent/Guardian Signature: _____ Date: _____

I have read and agree to the statements listed above.



MISSION VALLEY/TOBY WELLS YMCA

5505 Friars Road, San Diego, CA 92110-2682 Phone: (619) 298-3576 Fax: (619) 298-4341

REGISTRATION FORM (One Form Per Child)

Version en Español disponible en la area de recepcion y en el internet en:
www.missionvalley.ymca.org

Child's name _____ M ___ F ___ Age _____ Grade _____ Birth Date _____ Home Phone _____

Address _____ City _____ Zip _____ - _____ School _____

Parent's name _____ Parent's name _____

Employed by _____ Employed by _____

Occupation _____ Occupation _____

Parent's work phone/cell _____ Parent's work phone/cell _____

Email address: _____ Email address: _____

EMERGENCY INFORMATION

Authorized persons, other than parents, to be called in case of an emergency:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____

Policy number: _____

FAMILY DOCTOR: _____

Address: _____

Phone: _____

HEALTH RECORD (check if applicable or allergic)

- Ear Infections Poison Oak Rheumatic Fever Diabetes
- Insect Stings Convulsions Penicillin Hay Fever
- Behavioral Problems Tetanus immun. date: _____
- Other: _____

Operations, serious injuries, diseases, restrictions on physical activity:

Give name and purpose of medication taken:

FINANCIAL SUBSIDY INFORMATION

Child/family is enrolling in this YMCA program with subsidy funds paid for by:

- YMCA GAIN or Alternative Payment Program
- Other: _____

MEMBER OF THE MISSION VALLEY YMCA:

- No Yes; as a Family Youth

Expiration Date: _____

- Please send more information about YMCA Membership

CHILD RELEASE AUTHORIZATION

Authorized persons, other than parents, to pick up child from the facility:

Name	Relationship
_____	_____
_____	_____
_____	_____

Persons **UNAUTHORIZED** to pick up child from the facility:

Name	Relationship
_____	_____
_____	_____
_____	_____

Child in custody of:

- both parents mother father

other: _____

Child lives with:

- both parents mother father

other: _____

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

Name of Minor _____

Please Print

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor being permitted to enter any branch of YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above or any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.

3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.

4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

6. The Mission Valley YMCA may use my child's photos for promotional purposes. I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

Signature of Parent/Guardian _____

Date _____

Print Name _____