

# ADVENTURE GUIDES REGISTRATION FORM

OFFICE USE ONLY

## Applicant Information

Full Name:	
Address:	
City, State, Zip Code:	
Cell/Home Phone:	
Email:	

The NSYMCA is inclusive to all. Please describe any accommodations, allergies or other info needed for a successful inclusion into our programs.

## Method of Payment

Credit Card #:	
Exp Date:	CVV#
Card Holder's Name:	

### 1 in 5 Y participants receive Financial Assistance through the Strong Kids Financial Fund.

I would like to make a monthly/one-time donation to the Strong Kids Fund!

\$50  \$75  \$100  Other \$ \_\_\_\_\_

Starting: \_\_\_\_/\_\_\_\_/\_\_\_\_ Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_

IF YOU'RE UNSURE IF THE FEE IS PER PERSON OR FAMILY, PLEASE CALL.

### TALK TO SOMEONE ABOUT THE PROGRAM

Learn more about all the activities that you and your child could be involved in by contacting our Adventure Guide team Nicole Hatfield at registrar@nsymca.org or Alex Brodell at abrodell@nsymca.org.

Participant Name	Event Name	Code	Dates	Fee	GR	DOB MM/DD/YY	School	Circle	Gender
DAD NAME HERE									
1ST CHILD NAME HERE									
2ND CHILD NAME HERE									
3RD CHILD NAME HERE									
OTHER									

### Parents: Volunteers Needed!

I would like to help by being (circle one): **Group Leader** **Help as Needed**

## WAIVER OF RISK & RELEASE

I agree to abide by the facility, program and membership policies of the NSYMCA at all times while on the premises. I give permission for the above named participant to be included in photos for publicity purposes. I understand the NSYMCA is not responsible for personal property or personal injury sustained by the participant and I hereby agree to identify and hold harmless the NSYMCA from such losses or injuries. In the event I cannot be reached in an emergency situation involving the above named participant(s), I hereby give permission to the program leader to seek medical treatment for the above named participant(s). The NSYMCA reserves the right to change or alter any program without notice.

## POLICIES

Membership must remain current throughout the entire class period to qualify for member rates. Prices are subject to change. A full refund will be issued if you cancel prior to the registration deadline, or if the NSYMCA cancels class. Refunds will be given by check or NSYMCA credit voucher only. Refer to the previous page for complete registration policy. The NSYMCA does not turn anyone away due to inability to pay. If you need assistance, please stop by the Guest Services Desk. Policies are subject to change. If you would like to contribute to the Strong Kids Campaign, please contact Howard Schultz, President/CEO, at 847-272-7250 ext. 1213. By signing below, I acknowledge all of the NSYMCA's Policies.

Signature:

FAX THIS FORM TO 847-272-7801 OR EMAIL IT TO REGISTRAR@NSYMCA.ORG