



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LAKE HIGHLANDS YMCA Summer Mini Ballet Registration Form 2019

Child Name: _____ Gender: M F Date of Birth: _____

Guardian Name: _____ Phone: _____

Primary Contact Email address: _____

Preferred Method of Communication: (circle one) Call Email

Member: \$60 Non-Member \$90

____ Summer Session 1 M/W 6/3-6/26

____ Summer Session 2 M/W 7/8-7/31

____ Summer Session 3 M/W 8/5-8/28

Class choices: (check one)

<input type="radio"/> Be'be Ballet Class time: 3:30-4:00PM Age: 3 to 4 years Length: 25 minutes	<input type="radio"/> Demi Ballet Class time: 4:10-4:35PM Age: 5 to 6 years Length: 25 minutes
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INJURY and PHOTO WAIVER: In case of accident, I can be reached at the numbers listed above. In the event that I cannot be reached, or in the event of an emergency, I authorize the calling of medical services. In the event of an emergency, I give the YMCA or the representative's permission to provide first aid and/or to arrange for the transport of my youth to the nearest medical facility. I also give permission for the necessary medical treatment to be performed by medical personnel. By my signature and by my own free will, I do hereby agree to indemnify and hold harmless the YMCA and its representatives from any and all claims and demands, cost or expense arising out of any injuries sustained by myself or any party in which I am responsible. I give my permission for the use of photos taken by the YMCA.

Refund Policy: a \$10 administrative fee will be charged for cancelling prior to the first class. No refunds thereafter.

Custodial Parent/Guardian Signature

Date

Office Use Only

Date: _____ Check #: _____ Receipt #: _____ Activity Amount Paid: _____

Mission: To put Christian values into practice through programs that build healthy spirit, mind and body for all. Financial Assistance Available.