

# YMCA Class Program Registration Form

YMCA Arlington  
3422 N. 13<sup>th</sup> Street  
Arlington, VA 22201

## REGISTRATION PROCEDURE:

Complete this form and drop it off at Fairlington Villages Management Office with a check made out to **YMCA Arlington**, or to the YMCA Arlington with your payment (cash or check.)  
*If paying by credit card, please fax this completed form to the YMCA at 703-525-5420 with your credit card information.*

## REGISTRATION INFORMATION:

Parent Name (if registering child) or Participant Name (if registering for adult swim class):

\_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No: \_\_\_\_\_

Participant Name	Sex (M/F)	Birth Date	Session (time)	Day(s) ex - Th/Thu	Fee \$
Total Class(es) fees					\$

## FORM OF PAYMENT:

( ) cash      ( ) check      ( ) MC/Visa \_\_\_\_\_ exp \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

## W A I V E R

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports program, 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 illness which may result from his/her participation in these activities and I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which he/she may suffer as a result of his/her participation in these activities. I understand that the YMCA of Metropolitan Washington 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 as set forth.

SIGNATURE OF  
PARENT/GUARDIAN \_\_\_\_\_

DATE \_\_\_\_\_