



YMCA  
We build strong kids,  
strong families, strong communities.

# NORTH CENTRAL FLORIDA YMCA PROGRAM ENROLLMENT FORM

Participant's First Name		M.I.	Last Name	Gender M / F
Birthdate	School Grade	Parent/Guardian Name		
Street Address				
City		State	Zip Code	
Home Phone Number		Parent / Guardian Alternate Phone Number		
Emergency Contact Name		Relationship to Participant	Phone Number	

### PROGRAM INFORMATION

Branch	Location (if off-site)			
Department (please circle one) AQUATICS    GYMNASTICS    WELLNESS			Fee Type (please circle one) YMCA MEMBER    NON-MEMBER	
Program Name				
Class Information (month, session, week, day, time)				

**PLEASE REVIEW THE FOLLOWING AND INITIAL EACH ITEM TO ACKNOWLEDGE AGREEMENT:**

1. I give my child permission to participate in YMCA programs and understand that the YMCA does not carry accident insurance and that it is my responsibility to pay my personal insurance if needed. *Initials* \_\_\_\_\_
2. I agree not to hold the YMCA, its staff, Board of Directors or sponsors responsible for any injuries or accidents, and I authorize the YMCA or its instructors to obtain medical care in the case of injury or accident if a parent is unable to give permission at that time. *Initials* \_\_\_\_\_
3. I give the North Central Florida YMCA permission to publish, for YMCA use, any photos that may be taken of myself or my child(ren) while participating in YMCA activities. *Initials* \_\_\_\_\_
4. By the very nature of athletic activities, there is risk of physical injury including catastrophic injuries such as paralysis and even death. The risk of physical injury can be minimized but never eliminated. *Initials* \_\_\_\_\_
5. The YMCA reserves the right to add, change, limit or cancel classes and/or teams according to enrollment. *Initials* \_\_\_\_\_
6. Registration is on a first-come, first-served basis. *Initials* \_\_\_\_\_
7. Written notice must be received 30 days in advance to stop a program draft. *Initials* \_\_\_\_\_
8. Program cancellations will result in a system credit, unless the YMCA cancels the program. *Initials* \_\_\_\_\_
9. Cash/Check refunds WILL NOT be issued unless the YMCA cancels the program. *Initials* \_\_\_\_\_
10. Payment for added programs must be made at time request is received. *Initials* \_\_\_\_\_

***I acknowledge I have read and agree to the above written statements.***

\_\_\_\_\_  
Parent/Guardian Signature (if participant is under 18 years of age)

\_\_\_\_\_  
Date

**Please Mail or Fax completed check or credit card information to the North Central Florida YMCA  
5201 NW 34<sup>th</sup> Street, Gainesville, FL 32605    Fax (352)372.5247**

Date Paid:	Amount Paid:	Check #:
Please circle one:	AMEX    DISC    MC    VISA	Credit Card#:                      Exp. Date:
Print Name on Card:		Cardholder's Signature: