



# Jefferson County Family YMCA Program Registration

## Participant Information

Participant's Name \_\_\_\_\_

Program Title \_\_\_\_\_ Start Date \_\_\_\_\_ Class Fee Enclosed \_\_\_\_\_

Email \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ DOB \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Additional Contact Information (only if participant is under 18 years of age)

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_ DOB \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

## Participation Release and Permission to Treat

I hereby certify that I, or the above child names (if participant is under 18), am/is in normal health and capable of safely participating in YMCA programs. I assume all risks and hazards incidental to the conduct of this program and for the transportation to and from the program. If the participant is under the age of 18, I hereby authorize the Jefferson County Family YMCA to obtain medical treatment for the above named child in the event that parent/s and/or emergency contact cannot be reached. I support the YMCA program philosophy, which is based on participation, fun, fitness and health, skill development, teamwork, fair play, family involvement and volunteer leadership. I have read and agree to follow the Parents Code Ethics. I give permission for the Jefferson County YMCA to use any photos or videos taken of me or the above named child for future publicity purposes. Refund Policy: Full refunds and system credits are only available prior to the start of the program and must be approved by the program director. Fifty percent refunds may be distributed after a single class, but refunds are not available after a class has met two or more times.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Has anyone on this form been convicted of a sexual offense?     YES     NO

**Please make checks payable to:  
Send registration forms and payments to:**

**Jefferson County Family YMCA  
PO Box 1637  
Port Townsend, WA 98368**

**Please direct questions to the YMCA office (360)385-5811.**