



Program Enrollment Card

Name: _____ Date: _____

Address: _____
Street

City State ZIP

Date of Birth: _____
Month Day Year

Gender: Male Female Age: _____

Phone Number: _____

Parent Name: _____

Email Address: _____

Program Enrollment Card

Program Name: _____

Session Date(s): _____

Fee Paid: _____ Collected by: _____

Consent Statement: By signing this form it is understood that the responsibility for monitoring the condition of the participant lies with the participant and or guardian and that the undersigned has the understanding of YMCA programs and its facilities. **Talent Release:** This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, videotapes, or audio tapes will be freely used by the Tri-County YMCA for public displaying either printed or electronic material for the purpose of furthering the business interest of the Tri-County YMCA.

Signature of Participant or Guardian:



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Street

City State ZIP

Date of Birth: _____
Month Day Year

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