



2017 YMCA Adventure Princess/Guides Registration Form

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Are you: NEW TO PROGRAM

RETURNING

This registration is for:

Princesses (#07002-01)

Guides (#07001-01)

Mail form to: YMCA AyrLawn
5650 Oakmont Avenue
Bethesda, MD 20817

Or email a pdf to:
Nick.Knauer@ymcadc.org and copy w/o
payment information to:
IPChief@gmail.com or your tribal
chief's email address.

***** REGISTER BEFORE JULY 15th, 2017 TO RECEIVE A \$10 DISCOUNT. EARLY BIRD DISCOUNT *****

Please list the name of the neighborhood tribe group you wish to join (if known): _____

Please print clearly and fill out all the information requested. Available shirt sizes - Youth: YS, YM, YL Adult: S, M, L, XL, XXL

Parent Information			
Father's Name:		Date of Birth: (mm/dd/yyyy)	Dad's Shirt Size:
Address Line 1:			
Address Line 2:			
City/State/Zip:			
Home Phone:		Work Phone:	Cell Phone:
1st e-mail (required):		2nd e-mail:	Home School:
Children's Information		PAYMENT OPTIONS	
		Full Privilege	Program
First Child's Name:		Parent and 1 st Child-----	FREE \$80.00
Gender:	Date of Birth: (mm/dd/yyyy)	1 st Child Shirt Size:	EARLY BIRD DISCOUNT by 7/15 \$70.00
Second Child's Name:		2 nd Child-----	FREE \$35.00
Gender:	Date of Birth: (mm/dd/yyyy)	2 nd Child Shirt Size:	-----
Third Child's Name:		3 rd Child-----	FREE FREE
Gender:	Date of Birth: (mm/dd/yyyy)	3 rd Child Shirt Size:	-----
Fourth Child's Name:		4 th Child-----	FREE FREE
Gender:	Date of Birth: (mm/dd/yyyy)	4 th Child Shirt Size:	TOTAL: \$

Payment (CHECK ONE) CASH CHECK (PAYABLE TO YMCA AYRLAWN) CREDIT CARD (VISA, MASTERCARD, DISCOVER or AMEX)
 YMCA MEMBER (My signature below authorizes the YMCA to charge my card on file. Only signature required below.)

Card # _____ Exp. Date: _____
Cardholder's Name _____
Cardholder's Signature _____ Date _____

Waiver:

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, 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 illnesses which may result from participation in these activities. 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 I may suffer as a result of my 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 give my permission to the YMCA of Metropolitan Washington to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the WAIVER set forth above.

Signature of Participant/Parent/Guardian _____ Date: _____