



We build strong kids, strong families, strong communities.

### Program Class Registration ~ 2010 Fall I Session

Member registrations starts: Aug. 23rd, Non-member registration starts: Aug. 30th

Name \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Please register your child for age appropriate classes!

#### Parent/Child Programs

- |   |  |   |
|---|--|---|
| _____ (P/Ch) <b>“Ants in Your Pants”</b> (18mo-3yrs)<br><i>Staff: Debi Burtard</i>  | <b>Tues. 10:15-11am</b><br><i>Max enrollment: 12</i> | <b>M: \$28 N/M: \$44</b><br>Location: Small Gym |
| _____ (P/Ch) <b>Little Tigers Gym</b> (Walking-5yrs)<br><i>Staff: Miriam Walton</i> | <b>Tues. 6-6:45pm</b><br><i>Max enrollment: 12</i>   | <b>M: \$28 N/M: \$44</b><br>Location: Small Gym |

#### Child Programs 3-5yrs.

- |  |  |   |
|--|--|---|
| _____ <b>Tigers Preschool Gym</b><br><i>Staff: Miriam Walton</i>       | <b>Tues. 5-5:45pm</b><br><i>Max enrollment: 8</i>    | <b>M: \$28 N/M: \$44</b><br>Location: Small Gym |
| _____ <b>Animals, Animals, Animals</b><br><i>Staff: Roberta Pepper</i> | <b>Wed. 9:30-10:30am</b><br><i>Max enrollment: 8</i> | <b>M: \$28 N/M: \$44</b><br>Location: Kitchen   |
| _____ <b>Kindergym</b><br><i>Staff: Melissa Weber</i>                  | <b>Thurs. 9:15-10am</b><br><i>Max enrollment: 8</i>  | <b>M: \$28 N/M: \$44</b><br>Location: Small Gym |
| _____ <b>Lil’ Chefs</b><br><i>Staff: Kathy Phillips</i>                | <b>Fri. 9:15-10:15am</b><br><i>Max enrollment: 8</i> | <b>M: \$28 N/M: \$44</b><br>Location: Kitchen   |

Please sign waiver for all youth classes.

\_\_\_\_\_ I will be in the YMCA building during class. \_\_\_\_\_ I will not be in the building during my child’s class.

Father’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Mother’s Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Someone other than parent)

#### AGREEMENT

I hereby certify that my child is in normal health and capable of safe participation in this youth sports/activity program. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parent(s) and emergency contact cannot be reached. **The YMCA is not responsible for any medical costs that result from participating in any of the above programs.**

SIGNATURE OF PARENT OR GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_