

D.D. and Velma Davis Family YMCA Mail-In or Fax Class Registration Form

Name _____ Class _____ Day _____ Time _____ Amount \$ _____

DOB ___/___/___ Hand Key No. _____

Name _____ Class _____ Day _____ Time _____ Amount \$ _____

DOB ___/___/___ Hand Key No. _____

Name _____ Class _____ Day _____ Time _____ Amount \$ _____

DOB ___/___/___ Hand Key No. _____

Name _____ Class _____ Day _____ Time _____ Amount \$ _____

DOB ___/___/___ Hand Key No. _____ Total \$ _____

Parent's Name _____ Phone _____

I understand that the YMCA does not carry accident insurance for members or program participants. I will need to cover medical expenses for injuries incurred at the YMCA.

Signature

VISA MC AM EX (circle one)

Fax No. (330) 965-8325

Exp Date

Signature