

Section 1 – Parent / Guardian Information

Parent Name _____ Relation _____

Street Address City State Zip _____

Home Phone _____ Work Phone _____ Email _____

Emergency Contact Information

Contact Name _____ Relation _____ Phone _____

Section II – Participant Information

Are you a new participant? Yes No

Name _____ Parent Child Birth date (if child) _____ Grade _____ Female Male

Name _____ Parent Child Birth date (if child) _____ Grade _____ Female Male

Name _____ Parent Child Birth date (if child) _____ Grade _____ Female Male

Name _____ Parent Child Birth date (if child) _____ Grade _____ Female Male

Name _____ Parent Child Birth date (if child) _____ Grade _____ Female Male

Section III – Payment Information – Including Lake Trail Nation Fees

Fees: YMCA Members: \$70 per family. YMCA Program Members*: \$70 per family. Non-YMCA Members (Includes 1 year family program membership): \$95 per family.

**Program Members have already paid \$25.00 annual program membership fee for another activity at the YMCA.*

Membership Status Fee Payment Method

The Family is:

Member Program Member Non-Member Charge Amount: _____

Cash \$ _____

Check

Check Number: _____

Please Make checks payable to Lake Trail Nation

Credit Card (Visa, MasterCard, or American Express)

For Pay Pal Accounts (add 3% processing) provide the e-mail address below:

OR

Credit Card Number _____

Expiration Date _____ / _____

Signature _____

Section IV – Signature

The YMCA of Greater Cleveland Registration Statement: In consideration of the opportunity to become a member and/or program participant of the YMCA of Greater Cleveland, I hereby assume all risks and release and hold harmless the Association and its members, volunteers, and employees from any claim which might arise as the result of my presence, participation, and/or membership in the Association. I shall abide by the rules and conditions of membership as stipulated by the Association, and agree to conduct myself accordingly.

Signature of Adult (must be 18 or over) _____

Date _____

Section IV – Photography Release

I hereby give the YMCA of Greater Cleveland absolute permission, with respect to the photographs that they have taken of my child/children or in which he / she may be included with others, to copyright, use and publish the same in any medium and for any purpose whatsoever and to use my name in connection therewith if they so choose. I hereby release and discharge the YMCA of Greater Cleveland, as well as the person for whom they took the photographs from any and all claims and demands arising out of or in connection with the use of the photographs.

Parents signature _____ Date _____

Please drop the completed registrations off at the blue bin on the porch of Dave Westlake **2137 Richland Ave.** in Lakewood or in the Adventure Guides message box at the Lakewood YMCA. **Questions Call Mike Oravetz 216-228-7662**