

PAYMENT INFORMATION

Classes begin September 3 and end May 1 and will be held unless the Y is closed for the day.

Middle School Tuesday & Thursday 6-6:45 pm

High School Tuesday & Thursday 6:45-7:30 pm

Members \$10/month first child

Non-Members \$20/month first child

Payment Method:

MONTHLY DRAFT CREDIT, DEBIT OR CHECKING (1ST OF THE MONTH)

Name on Account _____

Account # _____

Name of Bank _____

Routing # _____ (9-digits)

EXP (credit draft) _____

Draft Amount \$ _____

I have given authority to bank/credit card to honor a pre-authorized debit drawn by you on my account for payments as indicated above. It is understood that your sending of pre-authorized debit to the bank/credit card, as payment becomes due, shall constitute valid notice of such payment due for this program. When the bank/credit card honors the debit by charging my account, such debit shall constitute my receipt for the payment. I understand that I must give a 30-day written notice to stop my bank/credit card draft. I also understand that I will be given a 30-day advance notice of an increase in rates. Should my bank/credit card for any reason not honor any draft, I realize that I am still responsible for that payment plus all financial service charges.

SIGNATURE _____

DATE _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

GROWING STRONGER TOGETHER

TEEN SYNRGY

FALL 2013-SPRING 2014

WILSON FAMILY YMCA



3436 Airport Blvd
Wilson, NC 27896
252-291-9622
wilsonymca.org

TEEN SYNRGY

This class provides teens with a great workout as they move through a series of stations on our Synrgy equipment designed to elevate their heart rate and challenge their muscles. Circuit training is a quick way for the beginner to get in shape fast and for the athlete to increase strength and stamina. Class may be modified for all levels of fitness.

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Middle School Tue/Thu 6-6:45 pm
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High School Tue/Thu 6:45-7:30 pm
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FEE

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Members \$10/month
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Non-Members \$20/month
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Questions? Contact mmacri@wilsonymca.org

TEEN SYNRGY REGISTRATION FORM

Participant's name _____

Age _____ Date of Birth _____ Male _____ Female _____ YMCA Member? Y / N

Home address _____

City, State, Zip _____

Parent/Guardian _____ DOB _____

Home Phone _____ Cell _____

Email _____

Emergency Contacts (in addition to Parent/Guardian)

Name _____ Phone _____

Name _____ Phone _____

Physician _____ Phone _____

Allergies: Please list ALL known medication, food and other allergies.

Medications: Please list ALL medications being taken and ALL dietary restrictions.

Has Participant had all of his/her required immunizations? Yes No

Participant's Agreement and Parent Waiver

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the Wilson Family YMCA (hereinafter referred to as "Y") allowing my child to participate in Y activities, I understand and expressly acknowledge that when he/she uses the Y facility or program, they do so at their own risk. I understand that the Y will make every effort to contact me in case of an emergency pertaining to my child. If I am unable to be reached, the Y will try to contact an alternate adult listed on the registration form. The Y has my permission to secure medical attention for my child in the event of an emergency. I release the Y, its staff, directors, officer and agents from all liability for any injury or damage connected in any way whatsoever to participation in Y activities, whether on or off Y premises. I understand that this release indicates, but is not limited to, any claims based on negligence, action, or inaction of the Y, its staff, directors, officers, members, agents, representatives or guests. I authorize the staff of the Y, or appropriate medical personnel, to administer emergency medical treatment to my child or me. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore, I agree and grant permission to the Y to use photographs or video of my child or me in Y brochures, flyers, photo collections and other marketing initiatives. I agree that only the adults on this form are allowed to remove my child from the Y program unless I notify the Y in writing. Under no circumstances will phone call authorizing child pick-ups be accepted at any time. I have read, understood and voluntarily signed this agreement.

SIGNATURE _____ DATE _____