

# Registration Form



## Fax-In/Mail-In and Drop-Off Registration Form

Registration for Members Only. Registration will be delayed if this form is incomplete or incorrect. Please Print! Fax (847) 359-5098

Primary Member's Name

Address

City

State

Zip

Home Phone

Work Phone

E-mail Address

Emergency Contact Name

Phone

Membership Number

	Participant Name	Date of Birth	Program Name	Fee
1st choice				
2nd choice				
1st choice				
2nd choice				
1st choice				
2nd choice				
1st choice				
2nd choice				

**Total Fees** \_\_\_\_\_

**Method of Payment:**  Check  Visa  Mastercard  Discover

Acct#

Exp. Date

3 digit security code  
(on back of card)

Authorized Signature

Participant specifically assumes all risks of injury arising out of his/her presence on or about the premises, or his/her use or intended use of equipment or facilities, or his/her participation in the activities of Young Men's Christian Association ("YMCA of Metropolitan Chicago"), an Illinois Charter Corporation, on or about the premises or at another location and does hereby for himself/herself, his or hers, executors and administrator waive, release and agrees to hold free from all claims or damages, the YMCA of Metropolitan Chicago, and its respective offices, directors, Board of Managers, Trustees, members, employees or agents.

Signature of Adult Participant (18 years or older) or Parent/Guardian

Would you like to be a coach?  yes  no