



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

Springfield Family YMCA  
300 S. Limestone St.  
Springfield, OH 45505

## PROGRAM

### REGISTRATION FORM: FALL

<b>Program name:</b>		
<b>Would you prefer a specific instructor? If so, who? :</b>		
<b>Fee:</b>		
<b>STUDENT INFORMATION</b>		
<b>Student's first name:</b>	<b>Student's last name:</b>	
<b>Student's gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:	<b>Student's birth date (mm/dd/yyyy):</b>	
<b>Name of parent/caregiver (if applicable):</b>	<b>Y Member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Home address (city, state, zip code):</b>	<b>Phone:</b>	<b>Email:</b>
<b>Emergency contact:</b>	<b>Emergency phone:</b>	
<b>PAYMENT INFORMATION</b>	<b>How did you hear about this program?</b>	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Other:	<input type="checkbox"/> Y staff member/volunteer <input type="checkbox"/> Friend/family member/word of mouth <input type="checkbox"/> Mailing/email communication <input type="checkbox"/> Poster/flyer/Y event <input type="checkbox"/> Y's website	
	<input type="checkbox"/> Media (TV, Web, radio, print, etc.) <input type="checkbox"/> School <input type="checkbox"/> Community-based organization <input type="checkbox"/> Other, please specify:	

By checking the box, I hereby give permission for photo, and audio/video to be taken during the class.

I have signed and returned the Y's standard liability waiver.

As a leading nonprofit improving the nation's health, the Y supports all individuals in achieving their health goals. The Y is always striving to learn more about program improvement. To that end, we are requesting your permission to collect enrollment and assessment data.

I authorize and acknowledge that I have read, understand, and agree to the above.

\_\_\_\_\_  
Parent/caregiver signature

\_\_\_\_\_  
Date