



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A.O.A FIELD TRIP REGISTRATION FORM YMCA OF HANNIBAL

**WHAT:** A.O.A ANNUAL TRIP  
**WHERE:** SPRINGFIELD, IL-  
VISIT THE ABRAHAM LINCOLN PRESIDENTIAL LIBRARY AND MUSEUM  
**WHO:** ACTIVE OLDER ADULTS 50+  
**WHEN:** JUNE 7TH, 2018  
**TIME:** TBA  
**REGISTRATION FEE:** \$35/PERSON-INCLUDES ADMISSION TO MUSEUM  
**OCCUPANCY:** MIN 20 MAX 31

**31 SEATS AVAILABLE-FIRST COME FIRST SERVE. PAYMENT DUE BEFORE SPOTS ARE HELD.  
\*WALKERS WELCOME ON BUS**

Name \_\_\_\_\_ Sex M F Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Special health needs/requests \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### AGREEMENT

I hereby certify that myself is in normal health and capable of safe participation in the YMCA of Hannibal A.O.A Field Trip. I assume all risks and hazards incidental to conduct of this program and for that transportation to and from the program. I hereby authorize the YMCA of Hannibal to obtain medical treatment for myself in the event that the emergency contact provided cannot be reached. I also give the YMCA of Hannibal permission to use photos taken during any programs of media use.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check# \_\_\_\_\_ Cash \_\_\_\_\_ Staff \_\_\_\_\_  
Put in Daxko \_\_\_\_\_