



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

# YMCA OF HANNIBAL YOUTH DANCE CLASS 2017 APRIL-JUNE SEMESTER REGISTRATION FORM

**Who:** Mondays: 4:00pm-4:45pm 4 year olds to 6 year olds  
 Wednesdays: 4:00pm-5:00pm 7 year olds to 12 year olds

**Where:** Mind Body Studio at the YMCA of Hannibal

**When:** Starts April 3rd-June 28th 2017

**Registration and Fees:** 4-6 year olds: Members: \$50 Quarter Non Members: \$95 Quarter  
 7-12 year olds: Members: \$65 Quarter Non Members: \$110 Quarter

(Must be registered to participate in the class)  
 Please remit to YMCA of Hannibal

Name: \_\_\_\_\_ Sex: M F Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_  
 Special Health Needs/Requests \_\_\_\_\_ Number of Years Experience \_\_\_\_\_  
 Parent(s) Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Guardian(s) Name(s) \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

### Agreement

I hereby certify that my child is in normal health and capable of safe participation in the Youth Dance Class. I assume all risk(s) and hazards incidental to the conduct of this program and for the transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for my child in the event that parents and the emergency contact cannot be reached. I support the YMCA fitness philosophy, which is based on participation, fun, physical fitness and health, skill development, team work, fair play, family involvement, and volunteer leadership.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

### FOR OFFICE USE ONLY

Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Staff \_\_\_\_\_  
 Put in Trinexum \_\_\_\_\_ code # 14