



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF HANNIBAL TEEN Y-BLAST FITNESS PROGRAM 2017 REGISTRATION FORM

Who: Boys & Girls 10 year olds to 15 year olds
 Tuesday and Thursday at 4pm-5pm
Where: YMCA of Hannibal
When: April 4th-May 25th 2017
Registration Date: March 15th- April 3rd, 2017
Registration Fees: \$32 per teen.

(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 _____ T-shirt Size _____
 School _____ Grade _____ Age _____
 Special Health Needs/Requests _____
 Parent(s) Name(s) _____ Work Phone _____
 Guardian(s) Name(s) _____ Work Phone _____
 Emergency Contact _____ Relation _____ Phone _____
 Fitness goals: _____

Agreement

I hereby certify that my child is in normal health and capable of safe participation in the Teen Y-BLAST Fitness Program. 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 # 15