



**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:** September 12th-November 2nd 2017  
**Registration Date:** August 7th – September 8th, 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