

REGISTRATION

YMCA CAPE COD REGISTRATION FORM

Additional forms may be downloaded from the home page at www.ymcacapecod.org

Name (Registrant, Parent, Guardian) _____
Address (if not a Y member) _____ Town _____ State _____ Zip _____
Home Phone () _____ Bus. Phone () _____ Email: _____
Membership Type (Youth, Adult, Family, etc.) _____

I knowingly release and hold YMCA Cape Cod, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to me and/or my children resulting from our participation in all and any YMCA Cape Cod programs and activities. I will indemnify YMCA Cape Cod, and its employees, agents, volunteers, officers and directors for all costs which it or they may incur due to claims and demands alleging such loss or injury, including settlement payments, court judgments, and legal defense fees. I agree that YMCA Cape Cod shall have final authority regarding the defense and settlement of claims or suits brought against it or its employees, agents, volunteers, officers or directors, claiming any such loss or injury.

Date _____ Signature _____

HOW TO REGISTER BY MAIL OR DROP-OFF (TO AVOID WAITING IN LINES):

Fill-out registration form completely, enclose check, money order, Visa or Master Card # and exp. date.

*If your 1st choice class is filled, we will automatically sign-up you or your child to the *2nd choice class indicated below. If this happens we will call you. If your first choice class is available we will not call you. Occasionally classes are canceled due to low enrollment, so please register early. Credit card registrations may be faxed to us at 508-362-5379.

Participant's Full Name	Gender	D.O.B.	Class Name	Day(s)/Time	Fee

DONATION INFORMATION

The YMCA Cape Cod is a nonprofit corporation supported entirely by membership, program fees and contributions from individuals and community organizations. Your contributions allow more children and families in our community to share in the YMCA Cape Cod experience.

Program _____ Donation _____ Total Enclosed _____

PAYMENT INFORMATION

Total Amount to Charge \$ _____ MC/Visa # _____
Exp. Date __ / __ Signature _____ V-Code (last 3 digits on back of card) _____

Please return to the membership desk, mail or fax to (508) 362-5379
YMCA Cape Cod • 2245 Iyannough Road • W. Barnstable, MA 02668 • 508 362 6500