



RARITAN BAY AREA YMCA

Before Care Program Registration Form

Participant's Name: _____
(First) (Middle) (Last)

Date of Birth ____/____/____ School _____

Address: _____ City/Town: _____ Zip Code: _____

Home Number: (____) _____ Cell Number: (____) _____

Parent's Name: _____
(First) (Middle) (Last)

Date of Birth ____/____/____ E-Mail: _____

In case of an emergency, we will call:

Relationship: _____ Phone Number: (____) _____

How did you hear about the RARITAN BAY AREA YMCA: _____

Please list any allergies, behavioral, physical or medical conditions we should be aware of:



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Prior to any physical activity, we recommend that you consult your family physician. In consideration of my participation in the activities of the RARITAN BAY AREA YMCA, I do hereby agree to hold free from any and all liability the RARITAN BAY AREA YMCA and it's respective officers, employees and members and do hereby, for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may hereafter accrue to me arising out of or connected with my participation in any activities of the RARITAN BAY AREA YMCA. I do hereby declare myself to be physically sound and able to participate in the activities of the YMCA.

Parent/Guardian Signature required

Date

CREDITS/REFUNDS

- The YMCA reserves the right to cancel BEFORE CARE PROGRAM due to inclement weather.
- Credits are valid for one year from date of issue and must be presented for redemption.
- Please allow 4 weeks for credits or refunds to be processed.
- Returned checks, ETSs, credit cards and debit cards will incur a \$30 return fee.

The RARITAN BAY AREA YMCA reserves the right to modify and/or change any policies, fees, and/or regulations without notice.

Parent/Guardian Signature required

Date