



Anaheim Family YMCA SWIM, SPORTS, & PLAY REGISTRATION FORM

Please review class dates and times in the YMCA Sports Guide or visit anaheimymca.org

NAME OF CLASS & LEVEL Swim Level 1 Basketball Age Group 3-4	DAY/SESSION II Summer 2011	TIME 12:45pm n/a	LOCATION Pearson Park DTYC	START DATE 6/20/11	FEE \$41 \$60
NAME OF CLASS & LEVEL Ballet-Beginning	DAY/SESSION Sat	TIME 9:30am	LOCATION WAYC	START DATE 6/11/11	FEE \$60

Participant's Full Name _____ Date of Birth _____ Age _____ Sex: M F

NAME OF CLASS & LEVEL	DAY/SESSION	TIME	LOCATION	START DATE	FEE \$
T-shirt Size (For Basketball ONLY) *Additional \$5.00 will be added to registration fee <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Med. <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med. <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2X					

Mark if name is same as above

Participant's Full Name _____ Date of Birth _____ Age _____ Sex: M F

NAME OF CLASS & LEVEL	DAY/SESSION	TIME	LOCATION	START DATE	FEE \$
T-shirt Size (For Basketball ONLY) * <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Med. <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med. <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2X					

Mark if name is same as above

Participant's Full Name _____ Date of Birth _____ Age _____ Sex: M F

NAME OF CLASS & LEVEL	DAY/SESSION	TIME	LOCATION	START DATE	FEE \$
T-shirt Size (For Basketball ONLY) * <input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Med. <input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Small <input type="checkbox"/> Adult Med. <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XL <input type="checkbox"/> Adult 2X					

Check here if you need to update any information on the program member form.

- A minimum of 5 participants is required to constitute a class. (Un mínimo de 5 participantes son necesarios para formar una clase)
- Cancellations and class combinations will be done at YMCA Program Director's discretion. (Cancelaciones y combinaciones de clases serán hechas a la discreción de el/la directora de YMCA.)
- The Anaheim Family YMCA does not make-up classes if you are absent from your regular scheduled class. (El Anaheim YMCA no da clases de reemplazo si el participante es ausente de su clase regular)
- If you have a schedule change or are unable to attend, you must request a transfer or refund before the second class meeting. (Si algo Cambia en su horario, debe de pedir un cambio de clase o un reembolso antes de la segunda clase)
- Will do our best to honor instructor requests but they are NOT guaranteed. (Haremos lo posible para honrar peticiones para instructores pero no son garantizadas.)

OFFICE USE ONLY:	UNIT ID # _____
PAYMENT METHOD	TOTAL PAID \$ _____
<input type="checkbox"/> \$5.00 non-resident fee (swim only) <input type="checkbox"/> *\$5.00 Jersey Fee (Bball only) Cash \$ _____ Check # _____ (Payable to Anaheim Family YMCA) <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express Account# _____ Expires: _____ _____ / _____ Name on the Card _____	FINANCIAL ASSISTANCE (Must submit application, documents & deposit) <input type="checkbox"/> Financial Assistance Application <input type="checkbox"/> Deposit <input type="checkbox"/> Proof of Income Financial Aid Credit: \$ _____ Amount Owed: \$ _____ Remaining Balance: \$ _____ PRO-RATE (classes are pro-rated on the 3rd week) Class _____ Pro-rated Fee \$ _____ Weeks _____ <i>*Does not apply to swim classes</i>



Anaheim Family YMCA

SUMMER RESIDENT CAMP REGISTRATION FORM

Participant's Full Name _____ Date of Birth _____ Age _____ Sex: M F

LOCATION <input type="checkbox"/> CAMP FOX (<i>Catalina Island</i>) <input type="checkbox"/> CAMP MIEHANA (<i>Angelus Oaks</i>)	T-SHIRT SIZE <input type="checkbox"/> Youth Med. <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult XL	REQUESTS Cabin Mates: _____ Cabin Mates: _____ Leader: _____
	<input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XXL	

Participant's Full Name _____ Date of Birth _____ Age _____ Sex: M F

LOCATION <input type="checkbox"/> CAMP FOX (<i>Catalina Island</i>) <input type="checkbox"/> CAMP MIEHANA (<i>Angelus Oaks</i>)	T-SHIRT SIZE <input type="checkbox"/> Youth Med. <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult XL	REQUESTS Cabin Mates: _____ Cabin Mates: _____ Leader: _____
	<input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XXL	

Participant's Full Name _____ Date of Birth _____ Age _____ Sex: M F

LOCATION <input type="checkbox"/> CAMP FOX (<i>Catalina Island</i>) <input type="checkbox"/> CAMP MIEHANA (<i>Angelus Oaks</i>)	T-SHIRT SIZE <input type="checkbox"/> Youth Med. <input type="checkbox"/> Adult Med <input type="checkbox"/> Adult XL	REQUESTS Cabin Mates: _____ Cabin Mates: _____ Leader: _____
	<input type="checkbox"/> Youth Large <input type="checkbox"/> Adult Large <input type="checkbox"/> Adult XXL	

CAMP PARTICIPANT CONSENT INFORMATION

TRANSPORTATION

My child has permission to participate in all Anaheim Family YMCA activities and to be transported by the YMCA or transportation company designated by the YMCA.

Signature of Parent: _____ (Mother/Father/Guardian/Adult Participant) *Circle one*

CODE OF CONDUCT

I have read and understand the Code of Conduct and I accept the responsibility for my child's adherence to it. I also understand that if my child violates the Code of Conduct and is asked to leave camp, I am fully responsible for his/her immediate transport home from camp and all expenses related to this transport. I also understand that I will not be given any refund of monies paid to participate in the camp program.

Signature of Parent: _____ (Mother/Father/Guardian/Adult Participant) *Circle one*

Signature of Camper: _____

PLEASE MAKE SURE YOU HAVE RECEIVED AND/OR SIGNED THE FOLLOWING FORMS FOR CAMPS

- | | | |
|---|---|--|
| <input type="checkbox"/> Program Member Form | <input type="checkbox"/> Camp Code of Conduct | <input type="checkbox"/> Camper Health History Form (<i>3 pages</i>) |
| <input type="checkbox"/> Camp Parent Handbook | <input type="checkbox"/> Financial Aid Forms (<i>if applicable</i>) | <input type="checkbox"/> Camper Health Recommendation Form (<i>Dr signature</i>) |