



Date: _____ Staff Initials: _____

Date of Class: _____

RANDOLPH YMCA

Lifeguarding Blended Learning

Participant's Last Name: _____ First Name: _____

Sex: M / F (circle one) Age: _____ Home Phone #: _____

Parent/Guardian Name: _____ Cell Phone #: _____

Address: _____ City: _____ Zip: _____

Email: _____ Would you like to be on our email list? YES NO

REGISTRATION FEES

Full Class

___ Member \$310
___ Non Member \$325
___ Staff \$165

Recertification

___ Member \$160
___ Non Member \$175
___ Staff \$60

TOTAL: _____

PAYMENT

CASH

CHECK: Please make the check payable to the Randolph YMCA and staple your check to this form.

CREDIT CARD: _____

CREDIT CARD # (VISA, MASTERCARD, DISCOVER OR AMEX)

CVV CODE

EXPIRATION DATE

NAME OF CARDHOLDER

"I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property."

I also understand that no make ups or refunds will be given for classes missed due to vacation, illness or personal reasons.

By signing below, I am agreeing to the above statements

Signature: _____

Print Name: _____ Date: _____