



Membership Acct. # _____ Exp. Date: _____ Membership Category: _____

Date: _____ Staff Initials: _____

RANDOLPH YMCA PROGRAM HOUSE

Multiple Sclerosis Fitness in the Main Pool

Participant's Last Name: _____ First Name: _____

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

Cell Phone #: _____ Address: _____

City: _____ State: _____ Zip: _____

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

Please check off the following that apply to you:

MEMBER=\$29 per month

NON-MEMBER=\$39 per month

PAYMENT

CREDIT CARD: _____
CREDIT CARD # (VISA, MASTERCARD, DISCOVER OR AMEX) CVV CODE

EXPIRATION DATE

NAME OF CARDHOLDER

\$ TOTAL

"I understand that my credit card listed above will be charged monthly until I give 30 days notice to stop the automatic payments. 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: _____