Membership Acct. # _____ Exp. Date: _____

RANDOLPH YMCA PROGRAM HOUSE

Rock Steady Boxing

Fight Back Against Parkinson's UH2O

ROCK STEADY BOXING: Mondays & Fridays 9:30-10:45 am **6/26-8/25**

FIGHT BACK UH2O: Thursdays in the WWP 10:00-10:45 am **6/29-8/24**

Contact Coach Kathy Fisher 973 366 1120 x14 or kathy@randolphymca.org for class placement & assessment

Participant's Last Name: _____ First Name: _____

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

Cell Phone #: _____ Address: _____

City: _____ Zip: _____ Email: _____

PAYMENT (Administrative Use Only) _____

☐ CASH

☐ CHECK: Please make the check payable to the Randolph YMCA

☐ 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.

Signature: _____ Date: _____