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

Date: _____ Staff Initials: _____

RANDOLPH YMCA
TRX

Participant's Last Name: _____ First Name: _____

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

Address: _____ City: _____ Zip: _____

Email: _____

Check the box for the day & time you would like to register for:

☐	**Tuesdays**	**6:00-6:45 pm**	**Apr. 9-May 21** No Class 4/16	**Marit**	**$90**
☐	**Wednesdays**	**8:30-9:15 am**	**Apr. 10-May 22** No Class 4/17	**Marit**	**$90**

THIS IS A 6-WEEK SESSION!

6 spots per class available

PAYMENT

☐ **Cash**

☐ **Check** (Made 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.** By signing below, I am agreeing to the above statements

Signature: _____

Print Name: _____ Date: _____