



**North Central Missouri YMCA Registration Forms
Blaze Cheerleading/Gymnastics**

Class: _____

Child's Name: _____ **Age:** _____ **DOB:** _____

Address: _____ **City:** _____ **Zip:** _____

Legal Guardian:

Name: _____ Phone: _____ Relationship to child: _____

Additional Guardian:

Name: _____ Phone: _____ Relationship to child: _____

Best contact e-mail:

Emergency Contact (other than Legal Guardian):

Name: _____ Phone: _____ Relationship to child: _____

Medical Information-Physical/Psychological limitations that may affect participation:

Allergies:

To register your child for gymnastics/blaze:

1. Complete forms
2. Return forms to the Welcome Center with first payment and account/banking information.

STAFF USE ONLY

Date Entered: _____ Staff Initial _____

Beginning program month: _____ Projected exit month: _____

Payment Information (only need one form of payment plan)

CREDIT/DEBIT CARD

Name on card: _____

Card #: _____ Exp.: _____ CVC: _____



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INSURANCE/ RELEASE WAIVER

It is expressly understood that the North Central Missouri YMCA does not insure against, nor accept responsibility for, personal injury or property loss or damage to the participant which may be sustained as a result of his/her participation. Parents or legal guardians are responsible for medical care, treatment, and insurance for said participant.

In return for allowing the above mentioned participant to play in the above mentioned youth sports program, the undersigned, to be legally bound, release and forever discharge the North Central Missouri YMCA, the Grand River Area Family YMCA, the Carroll County Area YMCA, their agents, representatives, successors, and assigns from any claims for damages, including any claims for loss, damages or injury to the participant's person or property arising out of the participant's performance or failure of performance. If the undersigned has doubts about the physical condition of said participant, a physical examination is recommended. In addition, the undersigned hereby authorizes any first aid, medical treatment deemed necessary in case of emergency for said participant during the above-mentioned youth sports program and give permission for emergency treatment, x-rays, or surgery as recommended by the attending physician. I / We assume full financial responsibility for all medical care for said participant. I give the North Central Missouri YMCA Staff permission to take and post pictures of the participant listed during practice and/or competitions.

X _____ Date: _____

Parent/Legal Guardian Signature

Automatic Bank Draft Waiver

My YMCA gymnastics/blaze registration will be regarded as continuous until the time that I decide to cancel. I agree that if for any reason I want to cancel gymnastics/blaze, I will give the YMCA or the gymnastics director a **15**-day notice in advance of the first of the month. It is my responsibility to monitor my account activity and contact the YMCA immediately with questions concerning my account. If a payment error has occurred, I must pay the balance within 2 days to continue the program and give updated account information. If payment is not received, I will no longer be registered in the program. I understand that the YMCA will not refund class fees (regardless of attendance) in the middle of the month. Payments are made on a per month basis starting on the 1st of each month. I understand each month could be a different price depending on days of practice. I agree that any unforeseen cancellations will reflect in the following month's withdrawal.

Signature: _____ Date: _____

Print Name: _____

NORTH CENTRAL MO YMCA P.O. Box 403 Brookfield, MO 64628
Phone: 660-258-2388 Fax: 660-258-3477
(W): www.ncmymca.org