

FAMILY YMCA of FAYETTE COUNTY 2018 Karate Program Registration Form

YMCA Mission

To put Christian principles into practice through programs that build a healthy spirit, mind and body for all.

Waiver:

The Fayette County Family YMCA is not responsible for damages or injuries while participating in a YMCA Youth Program. By participating you assume the risk for any injuries, and agree to remise, release and forever discharge the Fayette County Family YMCA from any claims damages and causes of action that may accrue from all injuries suffered.

Member	Non-member	M/F	Birth d	ate	Age			
Name			E	-mail Address				
Home Address			Cit	/	State	Zip		
Parent/Guar	dian Name		F	hone #				
Emergency Contact/relationship			Phone #					
Parent/Guar	dian Signature							
Class Regis	stration:		Tuesday & Thurs	day Evenings	Saturday Morning	l		
Adv	anced Kids/Adults Karat	e	5-6pm		Adults 9-10am			
☐ Beg	inning Kids Karate		6-7pm		All Kids 10-11am			
Inte	rmediate Kids		7-8pm					
Intermedia Adult Kara	Kids Karate: 13 years and te Kids and Advanced Kide: 14 years and up, inconstant of the control	ds Kara	ite: Advancemen	t/Promotion requi	ired .	perience		
Ses:	sion 1: January 2, 2018	– Mar	ch 31, 2018	Members - \$90, 1	Non-members - \$1	80		
Ses:	Session 2: April 3, 2018 – June 30, 2018			Members - \$90, Non-members - \$180				
Ses:	sion 3: July 3, 2018 – S	eptemb	er 29, 2018	Members - \$90, 1	Non-members - \$1	80		
Ses:	sion 4: October 2, 2018	– Dec	ember 29, 2018	Members - \$90, I	Non-members - \$1	80		
Ban	Bank draft: Monthly payment from debit/credit – <u>complete backside of form</u>							
— Men	nbers - \$25 monthly No	n-mem	bers - \$55 mont	hly				

Family YMCA of Fayette County Payment Authorization

Name:							
Type of Account: (Check one)	Checking:	Savings:	Credit/Debit Card				
In the Amount of: \$		Date to Be	gin:				
CHECKING OR SAVINGS ACC	OUNT:						
	ATTACH A VOIDED CHECK						
PR	OR PROOF OF BANKING INSTITUTION ACCOUNT NUMBERS						
	(We ca	annot use deposit :	slips)				
CREDIT/DEBIT CARD:							
Name as printed on card:							
Card: (Circle One) VISA MA	ASTERCARD	DISCOVER					
Account No:(Staff Member Verify Account Info		E	xpiration Date:				
 Service are required to The YMCA cannot access It is understood that mechange notification has cancel my Karate bank first day of the month. Should any payment no understood that the part of \$15.00. Initial If my payment is reject YMCA will cancel my Karate bank first day of the month. I agree to abide by the bodies in accordance were supported to the part of the part o	be submitted to pt Prepaid Debit y above designated been received a draft, it is requisit be honored by ayment is to be received by my Bank/Carate registration rules and policies annually & in	the YMCA in writing tor Credit Cards. The payment select and acknowledged red that I submit to said Bank/Card Semade in the amount of a rate the event of a rate to compare the event of a rate of the YMCA, incompared the event of a rate of the YMCA, incompared the event of a rate of the YMCA, incompared the event of a rate of the YMCA, incompared the event of a rate of the YMCA, incompared the event of a rate of the YMCA, incompared the event of a rate of the YMCA, incompared the event of a rate of the YMCA, incompared the event of a rate of the YMCA.	month. Any changes to my Bank/Card ng prior to the first day of the month. tion will be continuous until a written by the YMCA. If at any time I need to the YMCA a written notice prior to the ervice when received by them, it is tof the said payment plus a service charm in a 6 month period, I understand the consible for paying my past due balance. Cluding changes approved by its governing thange the YMCA will notify you of you				
Membership Signature: _			Date:				
Staff Member Signature:			Date:				

Staff - Circle one: Copy Provided Copy Declined