



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## WEST COOK YMCA | CLASS/PROGRAM REGISTRATION FORM

You may also sign-up online! Visit [westcookymca.org/register](http://westcookymca.org/register)

### Member Information (Please print clearly)

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (please circle): Male Female Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: (\_\_\_\_) \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Participant physical/emotional disabilities: \_\_\_\_\_

Participant Name	Date of Birth* mm/dd/yyyy	Class Name	Session	Class Day	Class Time	Fee
<b>Fax Registration to:</b> 708-383-0016 <b>Mail Registration to:</b> Attn: Member Engagement, 255 S. Marion St., Oak Park, IL 60302 <b>Questions?</b> Contact us at 708-383-5200.				<b>Subtotal:</b> I would like to donate the following amount to the Y's Annual Support Campaign:		
				<b>GRAND TOTAL:</b>		

*\*Any participant under age 18 must have a parent or guardian signature*

I understand that the YMCA assumes NO FINANCIAL OBLIGATIONS, BUT IN CASE OF ACCIDENT OR ILLNESS, the YMCA has my authorization to secure any necessary medical attention for the person(s) above. I also agree to hold free and blameless from all liability the West Cook YMCA, and I waive all claims for damages and recompense for any accident, injury or disability arising out of or in connections with my participation.

Signature of participant (or parent/guardian if participant is under age 18) \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Participant \_\_\_\_\_ Printed Name of Parent/Guardian I/A \_\_\_\_\_ Staff \_\_\_\_\_

**Refund policy:** A full refund will be given if the YMCA cancels a class. If you withdraw from a class before it begins, refunds will be given either by check less a \$10 processing fee, or 100% by credit voucher to be used within twelve (12) months. Refunds by check usually take 10-14 days to process. Once the class has begun and less than 50% of the class time has passed, participants that withdraw will be issued a 50% credit voucher (no refunds once classes have begun). After 50% of the class time has passed, no credit refund will be given.

### Mail-in/Fax-in Information:

Method of Payment:  Check/money order enclosed (make payable to West Cook YMCA)  
 Charge to my credit/debit card:  Visa  Mastercard  Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_ - \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ Printed name of cardholder \_\_\_\_\_ Date \_\_\_\_\_