

# Adventure Programs



Adventure Guides | Adventure Princesses | Senior Princesses | Trail Blazers

**2016/2017 Program Registration Form**  
**North Royalton Family YMCA**  
**11409 State Road, North Royalton, OH 44133**

## Section 1 – Parent/Guardian Information

Parent Name		Relation	
Street Address		City	State Zip
Home Phone	Work Phone		Email
<b>Emergency Contact Information</b>		<b>Child School:</b>	
Contact Name	Relation	Phone	

## Section II – Participant Information

Are you a new participant?  Yes  No

		Birth Date		Outpost/Circle	New Participant	Guides	Princesses	Trailblazers	Sr. Princesses
1. Participant Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Participant Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Participant Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Participant Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Participant Name	<input type="checkbox"/> Adult <input type="checkbox"/> Child	/ /	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section III – Payment Information – Including Lake Trail Nation Fees

Fees: YMCA Members: \$45 per family. YMCA Program Members\*: \$60 per family. Non-YMCA Members (Includes 1 year family program membership): \$85 per family.

Membership Status	Fee	Payment Method
Participant # 1 is: <input type="checkbox"/> Member <input type="checkbox"/> Program Member <input type="checkbox"/> Non-Member	\$	<input type="checkbox"/> Cash Amount: _____
Participant # 2 is: <input type="checkbox"/> Member <input type="checkbox"/> Program Member <input type="checkbox"/> Non-Member	\$	<input type="checkbox"/> Check Check Number: _____ (Make checks payable to North Royalton YMCA)
Participant # 3 is: <input type="checkbox"/> Member <input type="checkbox"/> Program Member <input type="checkbox"/> Non-Member	\$	<input type="checkbox"/> Credit Card Credit Card Number: _____ Expiration Date _____/_____ Signature _____
Participant # 4 is: <input type="checkbox"/> Member <input type="checkbox"/> Program Member <input type="checkbox"/> Non-Member	\$	
Participant # 5 is: <input type="checkbox"/> Member <input type="checkbox"/> Program Member <input type="checkbox"/> Non-Member	\$	
	<b>Total</b>	

## Section IV – Signature

The YMCA of Greater Cleveland Registration Statement: In consideration of the opportunity to become a member and/or program participant of the YMCA of Greater Cleveland, I hereby assume all risks and release and hold harmless the Association and its members, volunteers, and employees from any claim which might arise as the result of my presence, participation, and/or membership in the Association. I shall abide by the rules and conditions of membership as stipulated by the Association, and agree to conduct myself accordingly.

Signature of Adult (must be 18 or over) \_\_\_\_\_ Date \_\_\_\_\_

## Section IV – Photography Release

I hereby give the YMCA of Greater Cleveland absolute permission, with respect to the photographs that they have taken of my child or in which he / she may be included with others, to copyright, use and publish the same in any medium and for any purpose whatsoever and to use my name in connection therewith if the so choose. I hereby release and discharge the YMCA of Greater Cleveland, as well as the person for whom they took the photographs, from any and all claims and demands arising out of or in connection with the use of the photographs.

Child's Name \_\_\_\_\_ Parents signature \_\_\_\_\_ Date \_\_\_\_\_

**For more information about the adventure programs visit [www.clevelandymca.org](http://www.clevelandymca.org) under Adventure Guides or call the North Royalton Family YMCA at 440 230 9339**

*\*Program Members have already paid \$25.00 annual program membership fee.*