


CLASS/PROGRAM REGISTRATION



Log on to www.ymcadc.org and click on the **Online Registration Link**
You will need this information to register:

- **Facility Access Number**
(on back of primary adult's membership card)
- **Date of Birth** (for primary adult member)

Online Registration is Quick, Easy, and Secure!

YMCA Bethesda-Chevy Chase/Ayrlawn Summer 2009 Session

Please print or type. Form must be fully completed to ensure proper registration. Retain a copy for your records.

Access Number _____ Program Member Today's Date _____

BACK OF CARD

Please complete: (To be completed by participant if age 18+. If under 18, to be completed by parent/guardian.)

(PLEASE CHECK)

PARTICIPANT

PARENT/GUARDIAN

YOUR NAME _____ BIRTHDATE (MONTH/DAY/YEAR) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS _____ MOBILE PHONE _____

EMERGENCY CONTACT _____ PHONE _____

Registration Procedure:

1. Mail or drop off your completed registration form, including payment to
 YMCA Bethesda-Chevy Chase, 9401 Old Georgetown Rd., Bethesda, MD 20814 OR
2. Fax your completed registration, including credit card information to 301-493-9389.

***Program Membership Fees:
 (Nonrefundable)**
 Program Youth: \$110
 Program Adult/Senior: \$135
 Program Family: \$165

Participant Name (Last/First)	Class Number	Session	Birthdate	M/F	Day/Time of Activity	FEE

Membership Fee(s) \$ _____
 Class Fee(s) \$ _____
 I would like to include a donation to the YMCA Building Bridges Campaign. \$ _____
TOTAL DUE \$ _____

Payment (CHECK ONE) CASH CHECK (PAYABLE TO YMCA BETHESDA-CHEVY-CHASE)
 CHARGE (VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS)
 E-MEMBER (Current credit card drafting member or credit card information file. Only signature required below.)

Card # _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

Waiver

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Metropolitan Washington to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs. I acknowledge the WAIVER set forth above.

Signature of Participant/Parent/Guardian _____ Date _____
 (or parent if under age 18)