



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

A STRUCTURE FOR SUCCESS

Home School Swim & Gym YMCA OF COLUMBIA

Grades: Pre-K and Up

Fun and instructional physical education time for your homeschooler, our certified staff will teach the kids fundamentals of physical activity, involving lessons of team concepts, sport development, nutrition, all while following the Y core values. Half of the time will be spent in the gym, while the other half will be spent in the pool, learning and having fun!

Session:

Monday 1:00pm – 4:00pm or
Wednesdays 8:30am-11:30am or
Fridays 8:30am-11:30am

Members: \$38/ \$20 each additional child

Non-members: \$68/ \$20 each additional child



YMCA OF COLUMBIA

1420 Sumter Street
Columbia, SC 29201
www.columbiaymca.org



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REGISTRATION FORM

PARTICIPANT INFORMATION

Child's Name _____ School Grade Fall 2011 _____
Child's Age (Years/Months) _____ Birth Date _____ School _____
Mailing Address _____ City _____ Zip _____
Home Phone _____ Male Female

PRIMARY/EMERGENCY CONTACT

Name _____
Home Address _____ City _____ Zip _____
Place of Employment _____ Email _____
Home Phone _____ Work Phone _____ Mobile Phone _____

OTHER PERSONS AUTHORIZED TO PICK UP

Name _____	Relationship _____	Home Ph _____	Work Ph _____	Mobile Ph _____
Name _____	Relationship _____	Home Ph _____	Work Ph _____	Mobile Ph _____
Name _____	Relationship _____	Home Ph _____	Work Ph _____	Mobile Ph _____
Name _____	Relationship _____	Home Ph _____	Work Ph _____	Mobile Ph _____
Name _____	Relationship _____	Home Ph _____	Work Ph _____	Mobile Ph _____

ENROLLMENT AGREEMENT (INITIAL EACH)

____ RELEASE OF LIABILITY

In the event an accident occurs, I am aware that the YMCA does not provide accident insurance, and I will not hold the YMCA responsible for any injury.

____ PHOTOGRAPHY

I understand that my child may be photographed, videotaped, and/or interviewed for the purpose of YMCA promotional use.

CREDIT CARD INFORMATION

Credit Card Type (Circle One) Visa MC AMEX
Card # _____
Expiration Date (mm/yy) _____
Security Code _____ Billing Zip _____
Signature _____

Responsible Party _____ Date _____