

# 3:30 Fit Club Registration Sheet

2018-2019 School Year

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parents' Numbers (Primary): \_\_\_\_\_ (Secondary): \_\_\_\_\_

Parent's Address \_\_\_\_\_

E-mail address \_\_\_\_\_

**What session is your child attending? (check one)**

Session 1: October 2-November 8 \_\_\_\_\_

**Tuesday** \_\_\_\_\_

**Thursday** \_\_\_\_\_

Session 2: November 13-December 20 \_\_\_\_\_

**Tuesdays** \_\_\_\_\_

**Thursday** \_\_\_\_\_

Liability Disclaimer: As a parent/guardian of the above mentioned participant, I hereby hold harmless any YMCA staff or volunteers from any injury incurred while participating in the program. I assume all risk of loss or injury from my son or daughter's participation in this program.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_