



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

Newport County YMCA | PROGRAM REGISTRATION FORM

You may also sign-up online! Visit www.newportymca.org

Information Parent or Guardian: Member or non-Member (Please circle)

First Name: _____ M.I. ____ Last Name: _____

Date of Birth: ____/____/____ Gender (please circle): Male Female

Address: _____ City: _____ Zip: _____

Primary Phone: (____) _____ Secondary Phone: (____) _____

Email: _____

Emergency Contact: _____ Phone: (____) _____ Relationship: _____

Participant Name	Date of Birth* mm/dd/yyyy	Program Name	Session	Class Day	Class Time	Fee
You will receive an email receipt of the program registration within 24 hours. If enrollment for the program you requested is filled you will be added to the wait-list and notified by email. If you have any questions please contact us at 401-847-9200 or welcomecenter@newportymca.org				GRAND TOTAL:		

**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 Newport County 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 _____

Staff _____

Payment Information (If you have a credit card on file please give us the last 4 digits:

Method of Payment: Check/(make payable to Newport Count YMCA)

Charge to my credit/debit card: Visa Mastercard Discover

Card Number: _____ - _____ - _____ - _____ Exp. Date: _____ - _____

Code: _____

Signature of cardholder _____

Printed name of cardholder _____

Date _____