

**BRAD AKINS YMCA  
HOMESCHOOL P.E.  
REGISTRATION FALL 2018**

<b>Dates &amp; Times</b>	<b>Elementary</b>	<b>Middle &amp; High</b>
<b>Times</b>	<b>Fridays 12pm-12:45pm</b>	<b>Fridays 1pm-2pm</b>
<b>Semester 1 Fall</b>	<b>August 3-November 16</b>	<b>August 3-November 16</b>
<b>Semester 2 Spring</b>	<b>January 11-May 3</b>	<b>January 11-May 3</b>

<b>Fees &amp; Rates</b>	<b>Member</b>	<b>Non-Member</b>
<b>Registration fee per school year</b>	<b>\$40</b>	<b>\$40</b>
<b>Semester fee</b>	<b>\$90</b>	<b>\$110</b>
<b>Monthly payment plan</b>	<b>\$25</b>	<b>\$30</b>

**Monthly payment plans are available to all participants who do not wish to pay for the entire semester up front. If you select the monthly payment plan, the payment would be automatically drafted from your card on the 28th of the month prior to the start of the new month.**

**Scholarships are available for those who qualify. Scholarship applications are available at the YMCA Welcome Center.**

***To put Christian principles into practice through programs that build healthy spirit, mind and body for all.***

**BRAD AKINS YMCA  
HOMESCHOOL P.E.  
REGISTRATION FALL 2018**

**Personal Information**

<b>Person responsible for payment:</b>	<b>Relationship to participant:</b>
<b>Participant's Name(s)</b>	1. 2. 3. 4. 5.

**Billing Information**

<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>
<b>Home Address</b>	<b>City</b>	<b>State, Zip</b>
<b>Cell Phone</b>	<b>Work Phone</b>	<b>Email</b>

**Bank Information**

<p><b>Bank Account Details (attach voided check)</b></p> <p><b>Name on account:</b> _____</p> <p><b>Account type (circle one):</b> Checking / Savings</p> <p><b>Routing Number:</b> _____</p> <p><b>Account Number:</b> _____</p>	<p><b>Credit Card Details (attach copy of credit card)</b></p> <p><b>Name on account:</b> _____</p> <p><b>Card type (circle one):</b> Visa / Mastercard / Discover</p> <p><b>Account Number:</b> _____</p> <p><b>Expiration Date:</b> _____</p> <p><b>CVV#:</b> _____</p>
---	---

**BRAD AKINS YMCA  
HOMESCHOOL P.E.  
REGISTRATION FALL 2018**

**Payment Schedule Information**

<b>Month</b>	<b>Draft Date</b>	<b>Amount Due</b>
<b>August</b>	<b>July 28</b>	<b>Member: \$25 Non-Member: \$30</b>
<b>September</b>	<b>August 28</b>	<b>Member: \$25 Non-Member: \$30</b>
<b>October</b>	<b>September 28</b>	<b>Member: \$25 Non-Member: \$30</b>
<b>November</b>	<b>October 28</b>	<b>Member: \$25 Non-Member: \$30</b>

**Payment Policies---Please initial**

<b>Initial:</b>	<b>Payment will be drafted monthly as indicated above. If payment is not received by the first day of upcoming month, the child will not be allowed to participate in the program until fees are paid (plus a \$10 late fee).</b>
<b>Initial:</b>	<b>Payments not honored by the bank for any reason will incur a \$30 return payment fee. In the event a payment is returned, we will automatically re-draft within 14 days.</b>
<b>Initial:</b>	<b>I understand that if I wish to cancel the draft payments, I must do so in writing to the YMCA.</b>

**This is a request to draft the above named financial institution for the charged related to selected YMCA programs. I further agree this authorization is to remain in effect until receipt of written notice to the YMCA to cancel such authorization.**

\_\_\_\_\_  
**Account Holder's Signature**

\_\_\_\_\_  
**Date**

**BRAD AKINS YMCA  
HOMESCHOOL P.E.  
REGISTRATION FALL 2018**

<b>Participant's Full Name:</b>	<b>Participant's Grade Level:</b>	<b>Participant's Date of Birth:</b> <b>Age:</b>
<b>Home Address:</b>	<b>City, State, Zip:</b>	<b>Participant's Gender (circle one):</b> <b>Male                  Female</b>

<b>Parent/Guardian Name:</b>	<b>Phone Number:</b>	<b>Email Address:</b>
<b>Parent/Guardian Name:</b>	<b>Phone Number:</b>	<b>Email Address:</b>
<b>Emergency Contact:</b>	<b>Phone Number:</b>	<b>Any allergies/conditions?</b>
<b>Other children in the program:</b>		

**By signing, I understand that if for any reason the YMCA must cancel a class, it will reschedule if possible. However, if a participant misses a class, that will not be rescheduled.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**YMCA OF GEORGIA'S PIEDMONT PARTICIPANT WAIVER  
PARTICIPANT WAIVER**

As a participant in programs offered through the YMCA of Georgia's Piedmont for either myself or my child, the undersigned acknowledges and agrees to the following:

1. The YMCA is a Christian organization and that my child and I are expected to conduct ourselves in accordance with the teachings of Jesus Christ.
2. I give my permission to the YMCA of Georgia's Piedmont for the use of photos and slides that may be taken of my child or of myself and to use, without limitation or obligation, photographs, film footage, or tape recordings which may include either my image or voice or the image and voice of my child for purposes of promoting or interpreting YMCA programs.
3. I understand the YMCA of Georgia's Piedmont assumes no responsibility for injuries or illness which I or my child may sustain as a result of physical condition or resulting from participation in any athletic activities, sports programs, the use of any equipment, exercises, or other activities while on the property of or in conjunction with any activity held, coordinated or sponsored by the YMCA of Georgia's Piedmont. In consideration of the privilege of participation at the YMCA, I hereby voluntarily release and discharge the YMCA of Georgia's Piedmont, its officers, directors, employees, agents, and/or servants from any claims whatsoever, including for injury, illness, death, loss or damage which I or my child may suffer as a result of my/his/her participation in these activities. I understand that no accident or medical insurance is provided with these activities. I fully indemnify and hold harmless the YMCA of Georgia's Piedmont, its officers, directors and employees from any and all claims.
4. I understand the YMCA of Georgia's Piedmont is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities, participating in YMCA activities, or on YMCA premises.
5. While the YMCA of Georgia's Piedmont will make every attempt to provide reasonable accommodations for mentally and physically challenged children and adults, the YMCA will not accept children or adults that are (a) of danger to themselves, (b) of danger to others, or (c) a disruption to the normal activities making it unreasonably difficult for other children or adults to enjoy YMCA programs and activities. Any of the above reasons will be grounds for dismissal from YMCA programs and activities. We strongly recommend that you discuss with YMCA of Georgia's Piedmont staff any special conditions or circumstances involving your child or an adult member in your household. We request that you do this PRIOR to registration so that we can advise you as to whether we can make a reasonable accommodation for your child or adult household member.

**Refund Policy**

**Withdrawal 10 or more days before start of program: Director will give a full system credit or a refund (minus a \$10 administrative fee) in the way the original payment was made.**

**Withdrawal less than 10 days before start of program: Director will issue a full system credit. No refunds will be given.\***

**Withdrawal once program has started: Director will issue a system credit for only the remaining part of the program. No refunds will be given.\***

**ACCEPTANCE**

I have read and voluntarily signed this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducements apart from the foregoing written agreement have been made. I also accept the Conditions of Membership as well as the conditions imposed upon participants, both youth and adult, in activities and programs provided by the YMCA of Georgia's Piedmont.

\_\_\_\_\_  
Child's Name (Print)

\_\_\_\_\_  
Parent/Guardian Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date