

**Dorchester County Family YMCA  
2009-2010 Dance  
Registration Form**

**If paying by MasterCard/Visa, you may register by fax  
YMCA Fax # 410-221-0514**

Child's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age as of 9/1/09 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
Child's primary Home phone # \_\_\_\_\_  
Secondary Home Phone:# \_\_\_\_\_  
E-Mail \_\_\_\_\_  
School as of 9/1/09 \_\_\_\_\_  
Mother/Guardian's name \_\_\_\_\_  
Work Place \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
Father/Guardian's name \_\_\_\_\_  
Work Place \_\_\_\_\_  
Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
# of years child has taken dance at the Dorchester YMCA \_\_\_\_\_?  
# of years child has taken dance from other instructor/school \_\_\_\_\_?  
If so, which instructor/school? \_\_\_\_\_

**Waiver & Release**

Parent/Guardian Authorization: I give my child \_\_\_\_\_ permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometime still happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff, members, volunteers, and sponsors from all liability for any injury loss or damage connected in any way whatsoever to participates in YMCA activity whether on or off the YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA its, staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I understand that the YMCA does not carry accident insurance and I will be responsible for any medical claims that may arise from my child's participation.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_ 2009

Office use: \_\_\_\_\_ Registration Date \_\_\_\_\_ Receipt \_\_\_\_\_ Staff initials