



Zumba

Wilderness Trace Family YMCA  
Registration Form

Monthly: Monday's & Wednesday's from 5:30 pm to 6:30 pm  
\$35 for unlimited for month/\$40 for 10 visits\*/\$6 individual visit  
\*must be used within two months

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Chronic Illness: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_ I hereby give permission to the director of the program or designee to secure emergency medical services including transportation. I understand that the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in the YMCA program; families must carry their own accident insurance.

\_\_\_\_\_  
Signature of Participant

Amount pd. \_\_\_\_\_ Check #/Cash \_\_\_\_\_ Date Pd. \_\_\_\_\_