

Y Tae Kwon Do

Wilderness Trace Family YMCA
P. O. Box 326, Harrodsburg, KY 40330
Toll-free 1 877 734 9622

October 22nd through December 10th Thursdays from 6 pm to 7 pm
Cost: \$ 25.00 Members + Y-Membership \$ 35.00 Non-members

Home Phone _____ Age ____ School _____ Grade _____

Child's Name _____ Birthday _____ Male Female

Mailing Address _____ City _____ State _____

Parent _____ Day Phone _____ Cell _____ E-mail _____

Parent _____ Day Phone _____ Cell _____ E-mail _____

Emergency Contact _____ Phone _____

Physician _____ Phone _____

Does this child have any medical conditions, physical limitations, allergies or special needs?
___ Yes ___ No If yes, please describe _____

Parent's Agreement

I have the legal authority to sign-up the child named on this form and to the best of my knowledge, the information on this application form is complete and accurate to the best of my knowledge and the child herein described has my permission to engage in all activities except as told by me. I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) in which I want the child to participate. I agree to follow all policies and procedures; failure to comply with the policies and procedures may result in the loss of YCMA service. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services including transportation and a physician. I also give permission to the attending physician to order injection, anesthesia, or surgery for my child as named above, in the event of a life or death emergency. I understand that the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or facilities; families must carry their own accident insurance.

Signature _____ Date _____

___ I give ___ I do not give permission for my child's photo to be used in promotional literature.

Office Use

Date _____ Amount Paid _____ Check # _____ Cash _____
Scholarship amount _____ YMCA Member: Yes _____ No _____



