



2009 YMCA Adventure Princess Registration Form



Are you:

- NEW TO PRINCESSES RETURNING PRINCESS

Returning Princesses may register beginning 5/18, new participants beginning 7/1.

This registration is for: (check all that apply)

- PRINCESSES**
Registration Code
0700201

Return this form with payment by
November 15, 2009 to:

YMCA Bethesda-Chevy Chase
9401 Old Georgetown Road
Bethesda, MD 20814
Fax 301.493.9389
www.ymcadc.org
*(To receive discount,
register by 6/30/09)*

Please list the name of the neighborhood /tribe group(s) you wish to join: _____

Please print clearly and fill out all the information requested.

Parent Information			
Father's Name		Date of Birth (mm/dd/yyyy)	
Address Line 1			
Address Line 2			
City/State/Zip			
Home Phone	Work Phone	Cell Phone	
1st e-mail	2nd e-mail	Home School	

Children's Information	PAYMENT OPTIONS	Full Privilege	Program
First Child's Name:	Parent and 1st Child	FREE	\$80.00
Gender: Date of Birth: (mm/dd/yyyy)			
Second Child's Name:	2nd Child	FREE	\$35.00
Gender: Date of Birth: (mm/dd/yyyy)			
Third Child's Name:	3rd/4th Child	FREE	FREE
Gender: Date of Birth: (mm/dd/yyyy)			
Fourth Child's Name:	**Returning members get a \$10 discount if postmarked by 6/30/08		
Gender: Date of Birth: (mm/dd/yyyy)		TOTAL **	\$

Payment (CHECK ONE) CASH CHECK (PAYABLE TO YMCA BETHESDA-CHEVY CHASE)

CHARGE (VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS)

E-MEMBER (Current credit card drafting member or credit card information file. Only signature required below.)

Card # _____ Exp. Date _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____

Waiver

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Metropolitan Washington to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs.

I acknowledge the WAIVER set forth above.

Signature of Participant/Parent/Guardian _____ Date _____

(or parent if under age 18)