



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF PATERSON SATURDAY YOUTH GROUP TRAINING REGISTRATION FORM

Group 1 (8-12 year olds)
Group 2 (13-17 year olds)

11:00am-12:00pm ____
12:15pm-1:15pm ____

Participant Name: _____
Date of Birth: _____ Age: _____ Gender: _____
Address: _____
City, State, Zip Code: _____
Home Phone: _____ Cell Phone: _____

Mother's Name/Legal Guardian: _____
Home Phone: _____ Cell Phone: _____
Father's Name/Legal Guardian: _____
Home Phone: _____ Cell Phone: _____

Other persons to contact in case of an emergency:
Name: _____ Phone: _____
Name: _____ Phone: _____

Agreements:

Children and teens 17 and under must use the Youth Locker Rooms. I understand that if the parent and child are of the opposite gender, I must use the Family Restroom located in the pool area.

Participant/ Parents initials _____
Date _____

I am responsible for the registered child and all others with me during the group fitness classes. Everyone is to remain in my immediate presence while I am in the facility.

Participant/ Parents initials _____
Date _____

I understand that due to unforeseen circumstances, classes may be cancelled the same day. Only classes cancelled by the YMCA will be made-up by the YMCA.

Participant/ Parents initials _____
Date _____

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