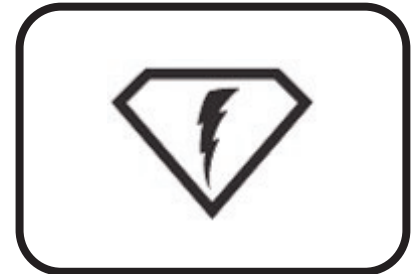




FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

UP, UP & AWAY SUPER HERO CLASS



Super Hero Class

Boys, Ages 3-5 years
Fridays
9:00-9:45am or 9:50am-10:35am
(gymnastics studio)

Co-Ed, Ages 3-5 years
Tuesdays
1:30pm-2:15pm
(gymnastics studio)

Members: \$50 / Community Members: \$65

- Six weeks independent child class
- Introduces children to Teamwork & Sharing
- Concentration on agility and muscle development
- Fun circuits are set-up for children
- If your child enjoys running, jumping, climbing, sliding, swinging, rolling, diving, & throwing, then this is the class for them!

*Children are encouraged to dress as their favorite Super Hero

Registration Dates

FALL I	FALL II	
7/26-9/14	9/20-10/26	Members
8/2-9/14	10/4-10/26	Comm. Members

Session Dates

FALL I	9/15-10/25
FALL II	10/27-12/13 (no classes 11/24-11/28)

PARTICIPANTS NAME _____ SEX (M / F) _____ AGE _____ DOB _____ / _____ / _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PARENT / GUARDIAN NAME _____ HM PHONE _____ ALT PHONE _____

EMAIL _____

EMERGENCY CONTACT & RELATIONSHIP _____ PHONE # _____

MEDICAL CONDITION, ETC. _____

PARENT / GUARDIAN'S ACKNOWLEDGEMENTS

MEDICAL WAIVER: In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the YMCA Staff to make arrangements to transport my child to the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical treatment, if, in fact my child requires the attention of a physician.

WAIVER: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify, and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of YMCA facilities or participation in any YMCA activity whether located on YMCA property or not.

PHOTO RELEASE: I give my consent for pictures taken of my child involved in YMCA programs to be used for future YMCA promotions or display. YES / NO INT _____

REFUND / TRANSFER POLICY: I understand that the YMCA has no refund policy. Details of the policy are available at the Member Services Desk.

PARENTS / GUARDIAN ACKNOWLEDGEMENT: This is to acknowledge that I have read and agree to the above information. INT _____

PARENT SIGNATURE _____ DATE _____

Office use only: _____ Staff Initials \$ _____ Amount Paid _____ / _____ / _____ Date

14FA1 / 14FA2