



Family YMCA at Tarrytown
62 Main St. · Tarrytown, NY 10591 · 914-631-4807

Y Dance Program Child Registration : Spring 2012
January 22, 2012 – June 17, 2012

Personal Information:

Dancer's Name: _____
Date of Birth: _____ Age: _____ Sex: _____
Address: _____ _____
Email Address: _____
Allergies: _____

Parent/Guardian Information:

Name:	Home Phone:	Work / Cell Phone:
Mother:		
Father:		
Guardian:		

Emergency Contact: Persons to be notified in case of illness or accident. This must be someone other than you.

Name:	Home Phone:	Work / Cell Phone:

Membership Status: Please check your membership status. Note: Membership is not required for dance classes.

Youth/Preschool Membership _____	Family Membership _____	None _____
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How did you learn about the program? _____ Newspaper _____ School _____ Friend
Other, please specify _____

I would like to be a Y Dance Volunteer. Please have someone call me. Yes or No. (Circle)

Parent Statement of Understanding

I, the undersigned, give permission for my child to participate in all activities planned for the days my child attends the Y Dance Program.

I agree to release the Family YMCA at Tarrytown and their faculty from all claims and liability in the event of personal injury or property loss.

In case of an emergency, I understand that every effort will be made to contact parents or guardians of my child. In the event that I cannot be reached, I hereby give permissions to the physician selected by the YMCA staff to care for my child.

I hereby give my consent to the Family YMCA at Tarrytown, and to such other person(s) as the Family YMCA at Tarrytown may designate, to use my child's name, voice, statements, and portrait or picture (motion or still) for advertising purposes, for purposes of trade, or for any lawful purpose whatever, in any media now known or hereafter developed.

I understand that when contact information changes that I will notify the YMCA of these changes.

I have read and fully understand the statement above.

Parent/Guardian Signature

Date

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Y DANCE Spring 2012 Registration

Dancer's Name: _____

Check the Number of classes you will be taking per week. Circle the tuition rate according to membership status.

Choice	# Classes per Week	Family Member	Youth/Adult Member	Non-Member
	One Class	\$231	\$296	\$362
	Two Classes	\$448	\$574	\$703
	Three Classes	\$666	\$854	\$1043
	Four Classes	\$881	\$1134	\$1412
	Five Classes	\$1101	\$1414	\$1727
	Open (6 or more)	\$1317	\$1692	\$2160
	Class Cards			
	Class Card 5	\$80	\$96	\$111
	Class Card 10	\$159	\$191	\$222

Please list your classes:

Name of Class: _____ **Day/Time:** _____ **Instructor:** _____

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

For Office Use Only:

Payment Method	Date:	Amount:	Notes:	Staff Initials: