



Kings Bay YM-YWHA

3495 Nostrand Avenue, Brooklyn, NY 11229

Health and Physical Education Class Registration Form

Personal Information

Participant's Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () Cell Phone: ()

E-mail Address: _____ Date of Birth: _____ Age: _____

Membership Yes No If yes, expiration date: _____

How did you hear about us? _____

Parent/Guardian's Name: _____
Last First M.I.

Emergency Contact: _____

Participation Information

Class	Day	Time	# of Sessions	Fee

Payment Information

Cash Check Credit Card

I hereby give authority to the Kings Bay Y staff to obtain necessary emergency treatment for my child with the understanding that the family will be notified as soon as possible.

I give permission to the Kings Bay Y to take photographs to be used on promotional materials and I release the Kings Bay Y from any claims that may result from the pictures taken on or after this date.

Refund policy: All classes are appropriately limited in size to provide maximum benefit to participants. If a class is cancelled before classes begin, participants will receive a refund in full. If a class is cancelled after the first class, participants will receive a pro-rated refund. If a registrant withdraws prior to the first class, a 10% administrative fee will apply. If a registrant withdraws after the first class, a pro-rated refund will be given and a 10% administrative fee will be charged. No refunds are given after the second class. Participants are allowed **one** make-up class within the current session. Refunds are not available for late registration. **No refunds will be issued for any classes missed or cancelled after the first two lessons.** The Kings Bay Y will attempt to offer make-up classes.

I have read and accept the terms of the refund policy as stated above.

Signature _____ Relationship _____ Phone _____ Date _____

OFFICE USE: Receipt: _____ Date: _____

Remarks: _____

Employee Name: _____

Initials: _____