



Kings Bay YM-YWHA
3495 Nostrand Avenue Brooklyn N.Y. 11229
718-648-7703 EXT. 0

AFROKICKBOXING

CHILD'S NAME: _____

GENDER: (circle one) **M or F** **DATE OF BIRTH:** ___/___/___ **AGE:** _____

HOME ADDRESS: _____ **APT:** _____

CITY: _____ **STATE:** _____ **ZIP CODE** _____

PARENT/GUARDIAN 1: _____ **NUMBER: (_____)** _____

PARENT/GUARDIAN 2: _____ **NUMBER: (_____)** _____

E-MAIL _____

EMERGENCY CONTACT: NAME: _____

NUMBER: (_____) _____ **RELATIONSHIP TO CHILD:** _____

MEMBERSHIP: YES NO **IF YES, EXPIRATION DATE:** _____

HOW DID YOU HEAR ABOUT US? _____

FALL 2021

OCTOBER 18 – NOVEMBER 6

CLASS OFFERINGS:	CLASS TIMES:	CLASS FEES:
AFROKICKBOXING	MONDAYS: 5:00 PM – 6:00 PM	\$200

SECURITY ENTRY CARDS (FOR NON-MEMBERS ENTRY ONLY): \$5 EACH FIRST 2 CARDS; \$10 EACH CARD THEREAFTER **NON-REFUNDABLE**

I hereby give permission to the Kings Bay YM-YWHA, Inc. to take photographs of me and/or my child to be shown in a video, brochure, advertisement, or internet display for purposes of promoting interest in the Kings Bay YM-YWHA. I release the Kings Bay YM-YWHA, Inc. from any claims resulting from the pictures taken on, before, or after the date of this communication. I do hereby give permission for my child to participate in all activities, including off-ground activities. I authorize the Kings Bay YM-YWHA, Inc. to act as parent surrogate on my behalf. I realize that itineraries and/or programs are subject to change prior to, and during, the semester. I hereby give my permission for my child to participate in all programs, activities and trips as part of the 2021-2022 Kings Bay YM-YWHA children's programming offerings. I understand and fully recognize that risks are involved. I hereby release the Kings Bay YM-YWHA or any of its sponsors, benefactors, or employees from any liability arising out of any injury to my child. In the event of a medical or surgical emergency, I grant permission to the physician designated by the Kings Bay YM-YWHA to hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child. Furthermore, I understand that payment for medical services is solely the family's responsibility.

I have **carefully read** the contract and other related information and agree to accept all terms as set forth above.

Refund policy: No refunds will be issued for any classes missed or cancelled. The Kings Bay Y will attempt to offer make-up class.

Signature: _____ **Date:** _____

Non-Discrimination Statement: Kings Bay YM-YWHA does not discriminate any person on the basis of race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, family status or any other characteristic protected by Federal and State laws. Kings Bay YM-YWHA will make reasonable accommodations in compliance with the Americans with Disabilities Act of 1990. To file a complaint of discrimination, write Office for Civil Rights, U.S. DHHS 26 Federal Plaza - Suite 3313 New York, NY 10278 (212) 264-3313; (212) 264-2355 (TDD); (212) 264-3039 FAX

The Kings Bay YM-YWHA is an equal opportunity provider and employer, and does not discriminate on any basis in accordance with the US Dept of Agriculture policy; nor based on race, color, religion, sex, gender identity or expression, sexual orientation, national origin, age, disability, marital status, family status or any other characteristic protected by Federal or State laws. The Kings Bay YM-YWHA will make reasonable accommodations in compliance with the Americans with Disabilities Act of 1990.

To file a complaint of discrimination, write to the Office for Civil Rights/U.S. DHHS/26 Federal Plaza, Ste 3313/New York, NY 10278. The telephone number is (212) 264-3313 or (212) 264-2355 (TDD); the fax number is (212) 264-3039. To file a complaint of discrimination concerning funded food programs, write to USDA, Director/Office of Civil Rights/1400 Independence Avenue S.W./Washington D.C. 20250-9410. You can also call (866) 632-9992 (voice) or (800) 877-8339 (TDD).