



LIGHTKEEPERS INTERNATIONAL

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: _____

HOW DID YOU HEAR ABOUT US? _____

PLEASE CIRCLE YOUR SELECTION

VOCAL/PIANO PRIVATE 1-ON-1 \$50/HR M, T, SAT	YOGA & MINDFULNESS SUNDAYS: MARCH 27 – MAY 22 11 AM – 12 PM \$200	DRAWING/PAINTING SATURDAYS: MARCH 19 – MAY 14 3 PM – 4 PM \$200	CLAY SCULPTING WEDNESDAYS: MARCH 23 – MAY 11 6 PM – 7 PM \$200
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DANCE WEDNESDAYS: MARCH 23 – MAY 11 7 PM – 8 PM \$200	AFRO-KICKBOXING WEDNESDAYS: MARCH 23 – MAY 11 6 PM – 7 PM \$200	ACRO-GYMNASTICS WEDNESDAYS: MARCH 23 – MAY 11 7 PM – 8 PM \$200
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I hereby give permission to Lightkeepers International, in partnership with 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 to promote interest in the Kings Bay YM-YWHA, Inc. 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 a 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 children's programming offerings. No refunds will be issued for any classes missed or canceled. Make-up classes will be offered at the discretion of the instructor. I understand and fully recognize that risks are involved. I hereby release the Kings Bay YM-YWHA, Inc. 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, Inc. 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 acknowledge that I have carefully read and do hereby accept all terms as set forth above.

Signature: _____ Date: ____/____/____

If submitting payment by phone, please print and email completed application to office@kingsbay.org.

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).