

PROGRAM REGISTRATION FORM



Please Register Only ONE Person Per Form

Participant Information

Participant Name: _____ Member*: ___ Yes ___ No

Street Address: _____

City, State, and Zip: _____

Age: _____ Date of Birth: _____ Program Confirmation by Email: _____

(Our member software allows us greater ability to communicate with you through e-mail. When registering for Family Y programs please provide us with your e-mail address and we will be able to send you INSTANT confirmation of your program registration.)

Phone: Home () _____ Work () _____

*All programs, except those with Member and Non-Member rates, require membership.

Program Information

Program Name: _____ Day/Time: _____ Code: _____ Fee: _____

Second Choice: _____ Day/Time: _____ Code: _____ Fee: _____

Do you want to be wait listed for your first class, if both are full? ___ Yes ___ No

Program Name: _____ Day/Time: _____ Code: _____ Fee _____

Second Choice: _____ Day/Time: _____ Code: _____ Fee _____

Do you want to be wait listed for your first class, if both are full? ___ Yes ___ No

Program Name: _____ Day/Time: _____ Code: _____ Fee _____

Second Choice: _____ Day/Time: _____ Code: _____ Fee _____

Do you want to be wait listed for your first class, if both are full? ___ Yes ___ No ___ Total Fees: _____

Please see next page for payment information

Payment Information

Participant Name _____

Enclosed is my personal check payable to the Westport Weston Family Y (please issue a separate check for each program)

_____ Please charge my VISA/Mastercard/Discover in the amount of \$ _____

VISA/Mastercard/Discover # _____ Exp. Date _____

Signature _____

Your check or credit card will not be processed until a participant is registered in a program. Please allow up to 10 (ten) days for processing before calling.

I understand that the Westport Weston Family Y (the "Family Y") is a non-profit organization which makes its facilities and programs available to persons only on the condition that they agree to assume complete responsibility for any injury or damage. In consideration of use of Family Y facilities, and/or acceptance as a Family Y member or guest or into any Family Y program(s), I/we (and any family member who hold Family Y membership through me/us) hereby release and agree to hold harmless the Family Y, its officers, directors, employees and staff, from any claim for damage or loss (including but not limited to physical injury and property damage that may be incurred by me/us, or any such family member, or any of our guests), as a result of the use of any facility or participation in any program(s) of the Family Y. I/We certify that I/we and such family members and guests have been determined by a medical doctor to be physically capable to undertake all programs and activities in which I/we or they participate. I/We agree to abide and to require and such family members and guests to abide by all rules and policies established by the Family Y.

No credits or refunds for withdrawals.

Your Signature: _____ Date: _____

FAX IT (203) 221-8390	MAIL IT Family Y, P.O. Box 190, Westport, CT 06881	IN PERSON At the Member Service Desk
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For Office Use Only

Processed by: _____ Date: _____

Total Payment Processed: _____ Receipt #: _____