



YMCA PCS Code: _____
Notes: _____
GD: ____ AS: ____

Y Dance Child Registration Form: Fall 2016

Personal Information:

Dancer's Name: _____
Date of Birth: _____ Age: _____ Sex: _____
Address: _____ _____
Home or Parent/Guardian Cell Phone: _____
Allergies: _____

Parent/Guardian Information:

Name:	Home Phone	Work / Cell Phone:
Parent/Guardian:		
Email:		
Parent/Guardian:		
Email:		

Emergency Contact: Person to be notified in case of illness or accident.

Name:	Home Phone:	Work / Cell Phone:

How did you learn about the program (Circle one)? Newspaper | School | Friend
Other: (please specify) _____

I would like to be contacted to be a Y Dance volunteer: Yes or No.

Parent Statement of Understanding

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

I agree to release Y Dance 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 permission to the physician selected by Y Dance staff to care for my child.

I hereby give my consent to Family YMCA at Tarrytown, and to such other person(s) as 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 Family YMCA at Tarrytown of these changes.

I have read and fully understand the statement above.

Signature
Date

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

Classes/week	60 Minute Classes			90 Minute Classes		
	Non-member	Single Member	Family Member	Non-member	Single Member	Family Member
1	\$328	\$274	\$219	\$410	\$342	\$274
2	\$640	\$534	\$427	\$800	\$667	\$534
3	\$936	\$780	\$624	\$1,170	\$975	\$780
4	\$1,214	\$1,012	\$810	\$1,518	\$1,265	\$1,012
5	\$1,477	\$1,231	\$985	\$1,847	\$1,539	\$1,231
6	\$1,724	\$1,437	\$1,149	\$2,155	\$1,796	\$1,437
7	\$1,954	\$1,628	\$1,302	\$2,442	\$2,035	\$1,628
8	\$2,167	\$1,806	\$1,444	\$2,708	\$2,257	\$1,806
9	\$2,364	\$1,970	\$1,576	\$2,954	\$2,462	\$1,970

Checks can be made out to YMCA.

Refund Policy: The Family YMCA at Tarrytown can honor refunds for the following circumstances:

1. 100% refunds for requests 2 days prior to the first day of class
2. If the YMCA/Y Dance cancels class due to low enrollment
3. Documented Medical Reason (Doctor's note)

Any other circumstances the YMCA cancels will be considered for program credit (good for any YMCA program).

A \$10.00 fee will be assessed to process any refund/credit other than the YMCA cancelling class.

Please list your classes:

Name of Class:

Day/Time:

Instructor:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

For internal use only (date/initial):

Payment Type (Cash, Check, CC)	Date	Initial Payment	Notes
Financial Aid?	%	Expiration Date	

Y Dance
 Family YMCA at Tarrytown
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