



**Y Dance  
Child Registration Form Fall 2019  
September 16<sup>th</sup>, 2019 – June 14<sup>th</sup>, 2020**

**Personal Information:**

Dancer's Name: _____
Date of Birth: _____ Age: _____ Sex: _____
Address: _____ _____
Parent 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:

**PAYMENTS WILL BE PROCESSED ON THE 10<sup>TH</sup> OF EACH MONTH STARTING AUGUST 10<sup>TH</sup> AND ENDING ON MAY 10<sup>TH</sup> – TOTAL OF 10 PAYMENTS**

**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

Y Dance  
Family YMCA at Tarrytown  
62 Main Street, Tarrytown, NY, 10591  
914.631.4807 x 114  
ydance@ymcatarrytown.org

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Registration**

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

Classes/Week	60 Minute Classes			Fin. Aid	Total
	Non-Member	Single Member	Family Member		
1	\$77/mo	\$68/mo	\$58/mo		
2	\$148/mo	\$129/mo	\$108/mo		
3	\$213/mo	\$188/mo	\$159/mo		
4	\$279/mo	\$245/mo	\$209/mo		
5	\$340/mo	\$296/mo	\$250/mo		
6	\$399/mo	\$347/mo	\$295/mo		

***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. _____		

For internal use only (date/initial):

Payment Type (Cash, Check, CC)	CCV	Expiration Date	Notes
Check #/Date			

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