

Primary (adult female) _____

Mailing address _____ Check if new address

City _____ State _____ Zip _____

Date of birth ____/____/____ Home phone (____) _____ Work phone (____) _____

I the adult applicant or I the parent or legal guardian of the above applicant, hereby give approval of the applicant's participation in any and all YWCA Princeton program activities, registered below, and do waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants and persons involved in the operation of the YWCA Princeton programs for any claim arising out of injury to named applicant or any member of his/her family who may be participating as a spectator.

Adult Applicant or Parent/Guardian Signature

Date

One form per address.
Confirmation can be given only if a stamped, self-addressed envelope is enclosed. Please keep your own record of class title, time and date.
Membership cards and athletic tickets will be mailed.

Mail to:
Registrar
YWCA Princeton
59 Paul Robeson Place
Princeton, New Jersey 08540

Participant's Name	Sex	Date of Birth	Session	Course Title	First Choice		Second Choice		Class Fees
					Code	Day/Time	Code	Day/Time	

emergency information

List one person to contact in case of an emergency:

Name _____

Phone _____

Circle one, if applicable: I have a _____ physical limitation or _____ special need

Please describe _____

Emergency Medical Release

In case of an emergency, I understand every effort will be made to contact me or the emergency contact person listed above. In the event that we cannot be reached, I hereby give permission to the physician to give appropriate treatment to myself, my child or my family.

Signature: _____ Date: _____

Total Class Fees \$ _____

Total Membership Fees \$ _____

Tax Deductible Contribution \$ _____

TOTAL ENCLOSED \$ _____

(\$15 fee for returned checks)

Charge my Mastercard Visa

Card No _____

Expiration Date _____

Signature _____