

MISSION STATEMENT: The YMCA of Santa Clara Valley, based on Judeo-Christian principles, is committed to strengthening and enriching the development of individuals and families through quality programs and services that build a healthy spirit, mind and body for all.

Registration Form-YAG

Returning Members, please complete:

- Mail or bring to the Southwest YMCA, 13500 Quito Road, Saratoga, CA 95070 Expedition: _____ Circle _____
- Full fee for each child must accompany registration. One child per registration form. This will be year # _____ for me in the program.
- \$25 Program Membership fee required for all children who are not Facility Members.

Child's Name: _____ Home Phone: (____) _____ School: _____

Address: _____ Apt. # _____ City: _____ Zip: _____

Age: _____ Date of Birth: ____/____/____ Sex: Male Female Grade 04/05 _____ Ethnicity (optional): _____

Facility Member Program Member How did you hear about this program? (check all that apply) Flyer at School Previous Participant Friend

Mother's Name: _____ Work Phone: (____) _____ Birthdate: ____/____/____

Father's Name: _____ Work Phone: (____) _____ Birthdate: ____/____/____

The above applicant has my permission to participate in this activity. Emergency treatment for the applicant is authorized provided the parent/guardian cannot be reached.

Parent/Guardian Signature: _____ Date: _____

Credit Card # _____ Exp. date: ____/____/____ Amt.: \$ _____ or Check #: _____ Amt.: \$ _____
