

Clackamas and Mt Hood Family YMCA

Program Registration Form

223 SW Buxton, Troutdale, Oregon 97060

503.492.9890 fax 503.618.8935

Camp(s) you want to register for

Please include name of camps and dates or circle the camps you want on reverse side.

Participant Information. Participant _____ Age _____

Gender Male Female Date of Birth _____ Grade _____ School _____

Home Address _____ City _____ Zip _____

Home Phone _____

Parent(s) Information

Parent / Guardian _____ Home Phone _____

Work Phone or Cell _____ Parent Email Address _____

Additional Parent / Guardian _____ Home Phone _____

T-Shirts Youth Medium (10-12) Large (14- 16) **Adult** Small Medium Large X-Large

YMCA Permissions. My child _____ has my permission to participate in the above stated YMCA program. I am aware that photographs of my child could be used for marketing and publicity purposes. I acknowledge that this YMCA activity may be hazardous, and I release the YMCA of Columbia-Willamette from any liability to persons or damage to property. In an emergency, the YMCA has my permission to call an ambulance at my expense.

Parent /Guardian Signature _____ Date _____

Payment Enclosed. Check # _____ Cash _____

Credit or Debit Card. VISA/MC# _____ Expiration _____

Refund Policy: A full refund if canceled before the first game or class. A 10% cancellation fee will be assessed if you cancel after the first game or class. If a player is injured prior to or during the 2nd game we will give credit towards a different YMCA program. **Financial Assistance is Available.** Please contact the office at 503.492.9890, or download an application from our website. Deadline to apply for financial assistance is two weeks prior to registration deadline and must accompany a completed registration form. Payment in full is due before the first game or class.