

MEMBERSHIP

All participants of Lincoln Area YMCA programs must be members of the current year. Annual YMCA family membership fees are due at the time of enrollment for any YMCA program. Memberships are in effect from January 1st through December 31st. Lincoln Area YMCA membership entitles you to receive seasonal program catalogs, brochures, email reminders and more. Membership forms may be picked up at the Y office or printed from our website at:

www.lincolnymca.org
lincolnymca@lincolnymca.org

VOLUNTEER OPPORTUNITIES

- Coaches & Refs
- Annual Fundraisers
- Sports, Summer Camp, Art Camps
- Parades, Harvest Run, Bike Blast
- Y Party Nights and so much more!

FINANCIAL ASSISTANCE

The YMCA strives to serve all segments of the community. Within our available resources, every effort will be made to accommodate all who wish to participate in YMCA programs and services. No one will be denied access to any YMCA program or service solely on the inability to pay. Applicants must meet qualifying income guidelines, complete a financial assistance application, and submit required documentation.

Lincoln Area YMCA
604 Broadway St., Suite 1
Lincoln, IL 62656



Place
Postage
Here.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LINCOLN AREA Y

MULTI-PROGRAM REGISTRATION FORM

Register at the Y office
604 Broadway St., Suite 1
Lincoln, IL

217-735-3915 • www.lincolnymca.org
604 Broadway St., Suite 1



MULTI-PROGRAM FORM

Program Name _____

Participant Name _____ M/F Age _____ Grade _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Alternate Phone # _____

Email (for important program information) _____

Emergency Contact

Name (other than parent) _____ Relationship _____

Primary Phone # _____ Alternate Phone # _____

T-Shirt Size: YS, YM, YL, S, M, L _____

NOTES: Days can't practice, requests, etc.

Authorization for Pictures

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and information packages. **Failure to circle either choice automatically provides authorization.**

Yes

No

Release of Liability

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities.

Parent/Guardian Signature _____

Date _____

Authorization for Medical Treatment for Minors

If my child should become ill or injured at any Lincoln Area YMCA programs and/or activities, I understand that the staff/volunteers will (1) try to contact me immediately. (2) If I cannot be reached, the YMCA will contact the emergency person listed on the registration form. Should the emergency contact or myself be unavailable, the Lincoln Area YMCA staff/volunteers are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Parent/Guardian Signature _____

Date _____

Limitations and Medical Information

Allergies/Medication/Limitations _____

Preferred Physician/Phone # _____

Insurance Company/Group #/Expiration Date _____

PROGRAM FEES

Membership Fee : _____

Program Fee: _____

• Member _____

• Non-Member _____

Late Fee: _____

Session Date (s): _____ Session Time (s): _____

Fees are Non-Refundable and Non-Transferable

How did you hear about this program?

Office _____ YMCA Catalog _____

Website _____ Email _____

Friend _____ Other _____

Would You Like to Volunteer? Y N

Total Fees Paid For Office Use Only:

Total Paid: \$ _____

Cash Receipt #: _____

Check / Money Order #: _____

Charge Card #: _____

Card Exp. Date: _____

2013 Y Member : Yes (Date: _____) No

Scholarship Application : Yes No

Additional Participants _____