



Program Registration Form

Our Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

**Program Name: Museum of Fine Arts and St. Petersburg Pier Day Trip
Saturday, June 28, 2008 Depart at 9 a.m. – Return at 5 p.m.**

YMCA Members: \$30 Non Members: \$35

Participant Information

Please print clearly

Name: _____ **Sex:** Male Female

Date of Birth: ____ / ____ / _____

Address: _____ **City:** _____ **Zip:** _____

Phone: _____ **Alt. Phone:** _____

Email Address: _____

Fee includes bus trip and admission to the museum

Many of our programs are made possible only with the assistance of volunteer coaches and sponsors. In addition, the YMCA never turns away anyone for the inability to pay. This is made possible through our **Annual Giving Campaign** which raises money through the donations of members, staff members, and the community, providing financial assistance through our **Open Doors Scholarship** program. Please select any of the items below for more information on how you can become involved.

Coaching _____ **Sponsorship** _____ **Annual Giving** _____

Participant Release and Emergency Contact

All participants must be 18 years of age or older.

Emergency Contact

Name: _____ **Phone:** _____

Liability Insurance: *I understand the YMCA carries only Liability Insurance. Participants must provide their own accident insurance. I give my permission to the YMCA Staff to authorize emergency medical treatment.*

Signature of Participant _____ **Date:** _____

Office Use ONLY

Initials _____ **Registration Date** _____ **Receipt #** _____ **Amount Paid** _____

Circle and put amount next to any of the following that were used: Program Credit Scholarship Employee Discount Gift Certificate