



# 2010 YMCA Adventure Princess/Guides Registration Form



Are you:  NEW TO PRINCESESSES  RETURNING PRINCESS

ADVENTURE GUIDES Returning Princesses and Adventure Guides may register beginning 5/17, new participants beginning 7/1.

**This registration is for: (check all that apply)**

**PRINCESSES** Registration Code 0700201  
 **GUIDES** Registration Code 0700101

*Return this form with payment by November 15, 2010 to:*  
**YMCA Bethesda-Chevy Chase**  
9401 Old Georgetown Road  
Bethesda, MD 20814  
Fax 301.493.9389  
www.ymcadc.org  
*(To receive discount, register by 6/30/10)*

*Please list the name of the neighborhood /tribe group(s) you wish to join:* \_\_\_\_\_

*Please print clearly and fill out all the information requested.*

Parent Information		
Father's Name	Date of Birth (mm/dd/yyyy)	
Address Line 1		
Address Line 2		
City/State/Zip		
Home Phone	Work Phone	Cell Phone
1st e-mail	2nd e-mail	Home School

Children's Information	PAYMENT OPTIONS	Full Privilege	Program
First Child's Name:	Parent and 1st Child	FREE	\$80.00
Gender: Date of Birth: (mm/dd/yyyy)			
Second Child's Name:	2nd Child	FREE	\$35.00
Gender: Date of Birth: (mm/dd/yyyy)			
Third Child's Name:	3rd/4th Child	FREE	FREE
Gender: Date of Birth: (mm/dd/yyyy)			
Fourth Child's Name:	**Returning members get a \$10 discount if postmarked by 6/30/10	FREE	FREE
Gender: Date of Birth: (mm/dd/yyyy)		<b>TOTAL **</b>	\$

## Payment (CHECK ONE) CASH CHECK (PAYABLE TO YMCA BETHESDA-CHEVY CHASE)

CHARGE (VISA, MASTERCARD, DISCOVER or AMERICAN EXPRESS)

E-MEMBER (Current credit card drafting member or credit card information file. Only signature required below.)

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Waiver

I understand that the YMCA of Metropolitan Washington assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my participation in any athletic activities, sports programs, the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from participation in these activities. I hereby release and discharge the YMCA of Metropolitan Washington, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities. I understand that the YMCA of Metropolitan Washington is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities on YMCA premises. I give my permission to the YMCA of Metropolitan Washington to use indefinitely, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purpose of promoting or interpreting YMCA programs.

I acknowledge the WAIVER set forth above.

Signature of Participant/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

(or parent if under age 18)