



# CENTRAL QUEENS YM & YWHA

Another Quality Community Center of the Samuel Field Y

## REGISTRATION FORM

# SUMMER 2018

**Member Status:** (circle one) MEMBER Exp. Date \_\_\_\_\_ NON-MEMBER SILVER SNEAKERS

To receive membership information, our monthly newsletter and information on special promotions please provide us with your email: \_\_\_\_\_@\_\_\_\_\_

To register by mail please return this Registration Form along with your check or money order made payable to:

**Central Queens YM & YWHA, 67-09 108th Street, Forest Hills, NY 11375.**

Questions? Call us at 718-268-5011 or visit our website at [www.cqy.org](http://www.cqy.org) or on Facebook at [www.centralqueensy.org/facebook](http://www.centralqueensy.org/facebook)

If you are paying by credit card, you may fax us at 718-793-0515. **Print all information clearly in INK.**

Last Name \_\_\_\_\_ Email \_\_\_\_\_@\_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_

Address \_\_\_\_\_ Apt. \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In case of emergency, please notify \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

| Name of Class | Participant's Name | Male/<br>Female | Age | Date of<br>Birth | Class<br>Day | Class<br>Time | Dept.<br>Code | Fee |
|---------------|--------------------|-----------------|-----|------------------|--------------|---------------|---------------|-----|
|               |                    |                 |     |                  |              |               |               |     |
|               |                    |                 |     |                  |              |               |               |     |
|               |                    |                 |     |                  |              |               |               |     |
|               |                    |                 |     |                  |              |               |               |     |

I would like to charge my registration to my credit card (circle one):

VISA    MASTERCARD    DISCOVER    AMEX

Name on card \_\_\_\_\_

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

Signature \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

**Accident Insurance**

\$15 per year (7/1 - 6/30) per person, ages 2 years and up. We strongly recommend this be taken out for each participant. \$ \_\_\_\_\_

I would like to make the following tax deductible gift in the amount of \$ \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

**CLASS REFUND POLICY:**

- Before first class is held, 90% refund, minus \$20 administrative fee.
- After first class is held, 50% refund, minus \$20 administrative fee.
- No refund once second class is held, no refund for programs \$5 or less.

**CLASS MAKEUP POLICY:**

**Health & Fitness and Aquatics** - ONE makeup permitted as schedule allows. May not be rolled over into another semester.  
**Other Departments** - Makeups may or may not be available. Please speak to the Director of the department for further information.

Please note: CQY has the right to exclude from membership or activities those who fail to abide by the rules of the institution. All classes and programs are subject to minimum enrollment. CQY reserves the right to cancel any class or program due to insufficient registration. Your registration is accepted on the assumption that the class or program for which you have registered has not yet reached its maximum enrollment. Register early to avoid being closed out of class or programs of your choice. While many activities are available to members at no additional cost, all require advance registration due to space limitations. For some health and fitness programs, a doctor's note or verification of age may be required.

I give unconditional permission to the CQY to photograph me and/or my children, and to use the photographs to publicize CQY and its programs and activities in newsletters, brochures, program guides, advertisements and for similar not-for-profit purposes.

I understand that physical activities can be demanding and I take full responsibility for my participation in the same. I have carefully read and do understand the above and agree to abide by all information stated with regard to cancellations and refunds.

Because we are concerned with your child's safety: CQY cannot accept responsibility except when he/she is under special supervision of an appropriate Y employee. Special supervision is available only at program locations during program hours. Parents will be responsible for notifying appropriate staff of a child's absence, late arrival, early or late pickup and special circumstances related to arrivals or departures. I have read and agree to the special considerations above.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_