

Please check your local YMCA branch:

- Downtown YMCA
- East Hartford YMCA
- Farmington Valley YMCA
- Glastonbury Family YMCA
- Indian Valley Family YMCA
- Regional Community YMCA
- Tri-Town YMCA
- West Hartford YMCA
- Wheeler Regional Family YMCA
- Wilson-Gray YMCA Youth & Family Center



YMCA of Greater Hartford Program Registration Application

**Denotes Required Information*

1ST ADULT	Date*	Title*	First Name*	MI*	Last Name*				
H O M E	Home Address*				The YMCA is committed to serving people of all ages, races, religions, and economic levels. By answering the following questions, you will help us meet this goal. The information is confidential and will not be used for any other purpose.				
	City*		State*	Zip*					
	1. Primary Phone*: _____ 2. Secondary Phone: _____		E-Mail*						
Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W									
Birthdate		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Separated <input type="checkbox"/> Widowed					
Emergency Contact Name*			Primary Phone* For Emergency Contact						
Number of people in household?			How many years have you been in the community?						
E M P L O Y E R	Employer Name								
	Business Address								
	City		State	Zip					
	Job Title		Business Phone						
2 N D A D U L T	First Name*		MI	Last Name*					
	Birthdate*		Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female		Email				
	Relationship to 1 st Adult:			Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W					
	Emergency Contact Name*			Primary Phone* For Emergency Contact					
	Employer Name								
	Business Address								
Business Phone			Job Title						
D E P E N D E N T S	First Name*		MI	Last Name*		Birthdate:	Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	
	First Name*		MI	Last Name*			Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	
	First Name*		MI	Last Name*			Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	
	First Name*		MI	Last Name*			Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	
	First Name*		MI	Last Name*			Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	
	First Name*		MI	Last Name*			Race: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> E <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> O <input type="checkbox"/> U <input type="checkbox"/> W	Gender* <input type="checkbox"/> Male <input type="checkbox"/> Female	

PLEASE CHECK AREAS OF INTEREST:
 1st Adult 2nd Adult Children

Aquatics				
Board Development				
Child Care				
Coaching				
Dance				
Family Programs				
Fundraising				
Group Cycling				
Group Exercise				
Personal Training				
Senior Programs				
Sports				
Sport Leagues				
Summer Camp				
Teen Programs				
Water Fitness				
Youth Programs				

Do you own or rent your home? Rent Own

Race Abbreviations are as follows: (optional)
A – Asian/Pacific Islander
B – African American/Black
E – Alaskan Native
H – Hispanic/Latino
I – Native American
O – Other
U – Unspecified
W – Caucasian/White

WE ARE KEEPING WATCH...
 The safety of our children and all members is our first priority. The YMCA of Greater Hartford screens our records through the National Sex Offender Registry. Registered sex offenders are not permitted in any YMCA facility or program site.

PROGRAM REGISTRANT #1: *Due to limited enrollment, please indicate 1st, 2nd, and 3rd choice for programs.

Participant Name: _____ Age: ____ Grade: ____ School: _____ T-Shirt Size _____

Program Name	Location	Day	Time	Choice*	Session	Program Fee

PROGRAM REGISTRANT #2: *Due to limited enrollment, please indicate 1st, 2nd, and 3rd choice for programs.

Participant Name: _____ Age: ____ Grade: ____ School: _____ T-Shirt Size _____

Program Name	Location	Day	Time	Choice*	Session	Program Fee

PROGRAM REGISTRANT #3: *Due to limited enrollment, please indicate 1st, 2nd, and 3rd choice for programs.

Participant Name: _____ Age: ____ Grade: ____ School: _____ T-Shirt Size _____

Program Name	Location	Day	Time	Choice*	Session	Program Fee

VOLUNTEER COACHING - If you are interested in being a volunteer head coach or assistant coach for your child's team please fill out the following information.

Coach Name: _____ Phone: _____ Email: _____

SUPPORT THE YMCA STRONG KIDS CAMPAIGN

Each dollar contributed to the YMCA Strong Kids Campaign goes directly to making YMCA programs and membership available to those in need. Please help us help kids. Your tax-deductible donation makes a difference!

YES, I would like to donate to the Strong Kids Annual Campaign (SKC) ___\$25 ___\$50 ___\$100 ___Other \$_____

PAYMENT INFORMATION

Total Program Fees: \$ _____

Less YMCA Credit: \$ _____
(attach credit slip)

SKC Donation: \$ _____

TOTAL FEE PAID: \$ _____

METHOD OF PAYMENT (check one)

Cash Personal Check Visa MC Amex Discover

Credit Card # _____

Expiration Date _____

Name on Card _____

Signature _____ Date _____

____ Please check here if you would like your payment information securely stored on account for future YMCA registrations.

Date Received	Received By	Date Entered	Entered By	Unit ID Number	Receipt Number

Program Financial Assistance is available to those who qualify. Inquire at your local YMCA.