



TEEN REGISTRATION

Section 1

Check If Current Member Membership Type: Individual Family

First Name: Last Name:

Phone Number in case of Update Questions:

If you are not currently a member, please fill out and attach the Membership form to the Teen Registration form.

Section 2

Copy of Membership Form Attached (If Applicable)

Section 3

Date Starting Program: / /

School: School Release Time: :

Section 4

After School: Until 6:00 pm (Includes Transportation from Earl Warren & Tevis JHS, Suburu/Lakeside to YMCA Gym)

5 days a week \$125.00 per month + \$.

3 days a week \$90.00 per month + \$.

Additional Teen Discount (A 20% Discount is provided for each additional child from the same Family Membership)

Additional Child(ren) x \$. Fee x 0.20 --- > - \$.

Total = \$.

Section 5

I hereby certify that the above named individual is capable of participation in the YMCA of Kern County programs, equipment and facilities. I hold the YMCA harmless for any damages or injuries sustained on any activities. In case of an accident, the YMCA of Kern County has my authorization to secure, at my expense, such medical attention as is deemed necessary for the individual named on this form. I also understand that the teen conduct must reflect the YMCA Youth Program Philosophy, and I authorize the YMCA to use photographs, slides and/or videos of the person on this application as may be needed for its public relations program. There will be no cash refund unless the program is cancelled. The above named individual will be held accountable to the signed Teen Agreement below, and under any circumstances in which staff feel this individual has violated the agreement, has the right to expel them from the Teen Program. Operation 3.6 Teen ends promptly at 6 pm.

A late fee of \$1/minute will be assessed after 6:05 pm. The fee is due IMMEDIATELY and MUST be paid in full BEFORE bringing the individual back to the YMCA Gym.

Upon review of the YMCA of Kern County rules and Youth Program Philosophy I make the commitment to give my full participation to the Teen and Youth Summer Program for the entire time that I attend. I make the commitment to practice care, responsibility, honesty, and respect as a young adult. I understand that I am accountable for my own actions, and I am willing to take full responsibility for those actions. If I ever violate YMCA rules, I understand that the YMCA Staff has the right to expel me from the program at any given time.

Teen Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

5880 DISTRICT BLVD. STE 13 / BAKERSFIELD / 93313 / WWW.YMCAOFKERN.ORG

OFFICE USE ONLY!	AMOUNT PAID:	Cash / Credit / Check	Check #:	TEAM #
VALIDATE MEMBERSHIP:	STAFF INITIALS:	RECEIPT #:		COACH: