

# REGISTRATION FORM

Registrations will not be processed until all registration forms have been completely filled out and signed.  
 Registration forms may be dropped off at the YMCA office or mailed in with payment.  
Credit cards now accepted fax to 481-9363.

Or register on line with a Credit Card or Bank Draft at: [www.soundviewymca.org](http://www.soundviewymca.org)



(Please print)

Family Name \_\_\_\_\_ Phone \_\_\_\_\_

Adults Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

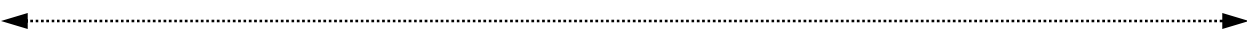
Membership Type    Youth    Adult    Family    Existing Member    Do not want membership  
 (Circle One Please)

**Other Household Member Names:**

- |          |                |                     |
|----------|----------------|---------------------|
| 1. _____ | Male or Female | Date of Birth _____ |
| 2. _____ | Male or Female | Date of Birth _____ |
| 3. _____ | Male or Female | Date of Birth _____ |
| 4. _____ | Male or Female | Date of Birth _____ |
| 5. _____ | Male or Female | Date of Birth _____ |

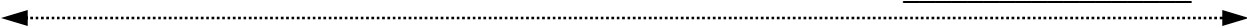
I have read and understand the membership policies and code of conduct of the YMCA including that my/our membership is not transferable and non-refundable. I agree to defend, indemnify and hold harmless the YMCA, its agents, servants, volunteers and staff from any and all claims arising from our participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**I would like to make a contribution to the Soundview Family YMCA Annual Support Campaign in the amount of:**

\$5       \$10       \$20       \$25       Other \_\_\_\_\_



**Program Registration Information:**

Participants Name	Program	Day	Time	Session	Location	Fee

Credit Card # \_\_\_\_\_ MC or VISA    Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_



YMCA

We build strong kids,  
strong families, strong communities.

Total Program Fees	
Annual Support Contribution	
Membership Fee (if needed)	
<b>Total Due</b>	

**Mail to: 622 East Main Street, Branford, CT 06405 (203) 481-9352**