

***YMCA Adventure Guide/Princess Program***

DATE: \_\_\_/\_\_\_/\_\_\_\_

THE PROGRAM IS DESIGNED FOR PARENT/CHILD PAIRS AND IS INTENDED FOR CHILDREN AGE 5-11**.** FEES MUST BE PAID ANNUALLY IN ORDER FOR FAMILIES TO PARTICIPATE. **THE ANNUAL PROGRAM FEE IS $50 PER FAMILY FOR YOUR PRIMARY ADVENTURE GUIDE/PRINCESS PROGRAM, WITH AN ADDITIONAL $25.00 FOR A SECONDARY PROGRAM. FINANCIAL ASSISTANCE IS AVAILABLE.**

**Primary Guide/Princess Program $50.00**

**\_\_\_ Llano Adventure Society (Princess) \_\_\_ Flatlander Adventure Society (Princess) \_\_\_ Llano Adventure Society (Guides)**

**Secondary Guide/Princess Program an additional $25.00**

 **\_\_\_ Llano Adventure Society (Princess) \_\_\_ Flatlander Adventure Society (Princess) \_\_\_ Llano Adventure Society (Guides)**

PARENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_STATE:\_\_\_\_\_ZIP:\_\_\_\_\_\_\_\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD 1 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ Gender\_\_\_\_\_\_\_

CHILD 2 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ Gender\_\_\_\_\_\_\_

CHILD 3 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ Gender\_\_\_\_\_\_\_

CHILD 4 NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF BIRTH \_\_\_/\_\_\_/\_\_\_ Gender\_\_\_\_\_\_\_

I HOLD THE YMCA HARMLESS FOR ANY INJURY WHICH MIGHT OCCUR WHILE PARTICIPATING IN THE ABOVE PROGRAM. I ALSO GIVE MY PERMISSION FOR THE USE OF MY AND MY CHILDREN'S NAME AND/OR PHOTO IN ANY NEWSPAPER, BROADCAST, TELECAST OR OTHER ACCOUNT OF THIS EVENT.

PARENT SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMT. PD.\_\_\_\_ CASH OR CHECK #\_\_\_\_ RCT. # \_\_\_\_

STAFF SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_\_

**PLEASE RETURN THE ORIGINAL FORM TO THE PLAINVIEW YMCA**

Plainview YMCA \* 313 Ennis \* P.O. Box 1286 \* Plainview, TX 79073

YMCA Mission: To put Christian principles into practice through programs that build health spirit, mind and body for all.