

CLASS: SIHANATHANG MARTIAL ARTS - Kickboxing

DATES: Monday, Wednesday evenings & Saturday afternoons

LOCATION: Studio

PERSONAL INFORMATION

First name	Last name	Preferred name (if not first name)	
Address		City	Postal Code
Phone		Email Address	
Emergency Contact	Emergency Contact phone	Relationship	

REQUEST FOR USE OF YOUR PERSONAL INFORMATION

The YWCA Regina is committed to protecting your privacy and as such will not disclose your personal information to any person, corporate entity or government except as required by law or to deliver the services you have requested. With your permission we would like to keep you informed about YWCA events and services that may be of interest to you. If you wish to be kept informed in this way, please check the appropriate boxes.

Please contact me about YWCA Regina events and services by: Email

REQUEST FOR FEEDBACK

We would appreciate hearing how you heard about our pre-registered classes.:

From a current Health Club member Other word of mouth Advertisement: _____
Please specify

Office use only

Member Fee:

\$50.00 Per Month or \$600.00 per year

Membership # _____

Non-member Fee:

\$60.00 per month or \$720.00 per year

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Payment amount: _____

Staff Initials: _____

For monthly payments please attach PAP form as well as take payment for the first month.

Please turnover and complete

LIABILITY WAIVER	INITIALS
<p>I understand that the YWCA of Regina assumes no responsibility for injuries or illnesses which I, my spouse/partner, or my minor children or any other person may sustain as a result of my/their physical condition, this membership, my/their use of any facility or my/their participation in any activities, programs, exercise, or the use of any equipment (collectively, "Activities"). I expressly acknowledge on behalf of myself, my spouse/partner, my minor children and our heirs that I assume the risk for any and all injuries, illnesses, death, loss or damage which may result from any of the foregoing. I hereby release and discharge the YWCA of Regina, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage which I, my spouse/partner, or minor children may suffer as a result of my/their physical condition, this membership, the use of any facility or participation in any Activities. In the event I, my spouse/partner or minor children bring a guest to any YWCA of Regina facility or Activity, I also agree to be responsible for ensuring that such guests adhere to the rules and policies of the YWCA and to inform them that they assume all liability for injuries, illness, death, loss or damage which may result from participation in any activities, programs, exercise or the use of any equipment.</p>	
<p>I understand that the YWCA of Regina is not responsible for personal property lost or stolen while members and/or program participants are using YWCA facilities or are on YWCA premises.</p>	
<p>I give my permission to the YWCA to use indefinitely, without limitation or obligation, photographs, film, footage or tape recordings which may include my, my spouse's or minor children's image or voice for purposes of promotion or interpreting YWCA programs.</p>	

SIGNATURE OF MEMBER

DATE

SIGNATURE OF PARENT/GUARDIAN (if member is under the age of 18)

DATE