



Have fun and get in  
G-R-R-E-A-A-A-T shape over the summer!!



# Cardio Kids Class!!



**Our Cardio Kids class will teach health and fitness in a fun way to kids from 6 to 12 years old.**

**In one hour a week, Cardio Kids will utilize a 3-station circuit-training course to improve health, assist in motor skill development, increase endurance and just plain have fun!!!!**

**Register Now at**  
**The Lexington Family YMCA**  
**Or download registration forms at**  
**[www.columbiaymca.org](http://www.columbiaymca.org)**

**Session Dates:**  
**July 8, 2009 til August 12, 2009**  
**Every Wednesday at 2:30 pm**

**Registration Deadline is July 1, 2009!!!!**

**Cost:**  
**Members \$50.00**  
**Non-Members \$75.00**

**Cardio Kids Class Registration  
Lexington Family YMCA**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

BirthDate: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell  
Number: \_\_\_\_\_

Please select from the following Classes:

\_\_\_\_\_ Cardio Kids (ages 6-12)

Rates: YMCA Members: \$50 for the 6 week session

Non-Members: \$75 for the 6 week session

Waiver: This application is made with the express understanding that the YMCA is not responsible for any sickness or injury that the applicant may receive while participating in the Cardio Kids classes or during transport to and from said program and that the YMCA reserves the right to reject any and all applications. Applicants agree to hold the YMCA harmless against any and all damages due to sickness or injury occurring while the applicant is participating in the said program. Also, I give permission for photographs to be taken of me during normal program activities to be used in YMCA promotional materials without thought of remuneration.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

1. What specifically would you like your child to accomplish in this program? \_\_\_\_\_

2. Does the student have any medical problems that we should be aware of? \_\_\_\_\_

***Please complete the following bank draft information.***

Draft Authorization for program dues:

I authorize my bank to honor preauthorized drafts drawn by the Columbia YMCA for program payments. It is understood that the sending of a preauthorized draft to the financial institution as a payment becomes due shall constitute valid notice of such payment due and this program. When the financial institution honors the draft by charging my account, such draft shall constitute my receipt for the payment. Should any preauthorized draft not be honored by said financial institution when received by them, I will remain liable for such payment and shall immediately pay to the YMCA in the amount of said payment plus the processing fee stated at time of return. This authority is to remain in effect until such notice is given to the YMCA of intent to revoke the agreement in compliance with YMCA policy; my bank draft for program dues will be continuous until written notification is received by the last business day of the month preceding the month of intended cancellation. If, at any time, there is to be a change, deletion, or cancellation of membership, it is to be submitted in writing to the branch YMCA where program registration occurred by the last business day of the month preceding the month of intended cancellation. Failure to do so will result in that month's draft being non-refundable. \*\*Members have up to 90 days to dispute drafted program dues. Staff will require printed proof of an alleged discrepancy to pursue the issue.\*\*

**BANK DRAFT**

Print Name of Account Holder \_\_\_\_\_

Full Name of Financial Institution/Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

-OR-

CREDIT/DEBIT CARD

Visa

MasterCard

AmEx

Discover Card

Name on Credit/Debit Card \_\_\_\_\_

Credit Card Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

MY ACCOUNT WILL BE DRAFTED ON THE 1<sup>ST</sup> OF EACH MONTH. DRAFT STARTS \_\_\_\_\_ DRAFT AMT\$ \_\_\_\_\_

I have read and agree to all terms outlined above for a monthly draft of program dues with the YMCA of Columbia

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