



# McGaw YMCA Brillianteen 2011-2012 Registration Form

## Student Information (print clearly)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender:  Male  Female  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Student Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Parent/Guardian Cell Phone: \_\_\_\_\_

Which are you registering for?:  Cast  Crew  Showboard  
 T-Shirt Size:  S  M  L  XL  2XL  3XL  
 Did you participate in Brillianteen last year?  Yes  No  
 How did you hear about Brillianteen?  Flyer  Friend  Teacher  Website  Other \_\_\_\_\_  
 Are you a current member of the McGaw YMCA?  **Yes:** McGaw YMCA Member fee \$90  
 **No:** Non-Member fee \$145

## Payment Information

Full payment is due at the time of registration. (If you need a payment plan, contact Program Support: 847-475-7400 ext. 287).

Check here to apply for scholarship. (Include a copy of federal income tax 1040 form and at least \$36. Scholarships are limited and available on a first-come, first-served basis and **require a McGaw YMCA membership.**)

Payment: **Total \$** \_\_\_\_\_  Check (*Payable to the McGaw YMCA*)  Visa  MC  Discover  AMEX  
 Card #: \_\_\_\_\_ Exp. date: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_  
 Name on CC: \_\_\_\_\_

This information is helpful to us in making sure that our services are reaching all our local communities and that we are delivering our services fairly to everyone who needs them.

### Ethnicity:

African American  Asian  Caucasian  Latino  Multiracial  Native American  Other \_\_\_\_\_

## **Waiver, Photography Release, & Required Signature**

In applying for YMCA membership and/or program participation, I agree to cooperate with others in supporting the YMCA mission, goals, and objectives and to abide by the policies and procedures set forth by the McGaw YMCA Board of Directors. I do hereby agree to hold free from any and all liability the YMCA and its officers, employees, and members, and do hereby myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all claims for damages which I may incur, or which hereafter accrue to me, arising out of or connected with my participation in any of the activities of the YMCA. I understand that membership dues are non-refundable and membership privileges may not be transferred from one individual to another. I give my permission and consent to the use of any photographs, videotapes, or other media record of my participation at the McGaw YMCA for any lawful purpose, without compensation to me or on my behalf. If I choose not to be photographed, videotaped, or in other recorded media, it is my responsibility to inform the photographer and/or remove myself from the picture.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Office Use Only:**

**Date:** \_\_\_\_\_ **Paid:** \_\_\_\_\_ **Staff:** \_\_\_\_\_