

Participation Permission Form For Youth Members (Under 18)

Name of Youth: _____

Name of Legal Parent or Guardian: _____

Home Address: _____

Home Phone: _____

Parental Cell Phone: _____

Parental E-mail: _____

By signing below, I give my child permission to become a member of the YWCA Berrien County and to participate in the programs and activities of the organization. The programs offered by the YWCA include the following (drop-in fees may apply):

- Aerobics
- Aquatics
- Cardiovascular Equipment
- Child Development: Bridgman, Saint Joseph, Coloma
- First Line Therapy Healthy Lifestyle Management
- Free Weights & Nautilus Circuit (additional Release of Liability required)
- Girls on the Run
- Karate
- Open Gymnasium/Basketball
- Out & Affirmation Center
- Personal Weight Training
- Pilates
- Tai Chi
- Women's Career Clothing Closet
- Yoga

Signature of Legal Parent or Guardian _____

Date: _____