



REGISTRATION

Registration is on a first come-first served basis. You are not officially registered until you've received confirmation from the Michelle Salo.

Gateway Information:

Class Name: _____

Day of the Week: _____

Time of Day: _____

Participant information (PLEASE PRINT):

Name: _____

Street address: _____

City/Zip: _____

Email: _____

Day phone: _____

Evening phone: _____

YMCA Association-wide member? yes no

Downtown YMCA Waiver of Liability, Release, and Assumption of Risk & Indemnity Agreement (required for participation):

1. I agree to pay the Downtown YMCA \$40.00 for each of the Gateway Group Exercise 5 week Group Exercise Classes that I take. I understand that when I sign up for a session, even if I only go to a little as one class out of the 5-week session, I am still obligated to pay the full class rate. All invoices must be paid within 14 days of the mailing date. PLEASE NOTE: If payment is not received within 14 days, names will be turned over to a collection agency.
2. Each participant in the classes will give their home address, phone number and an email so that the YMCA may contact in case of an emergency and for billing reasons.
3. Should any check not be honored by my bank for any reason, I realize that I am still responsible for that payment plus any service charge applied by the YMCA. This is in addition to any service fee that my bank may apply.
4. ACCIDENTS/INJURIES- The member agrees that all exercises and use of the Wellness Center are undertaken by the member at the sole risk of the member and that the Wellness Center shall not be liable for any claims for injuries or damages whatsoever to person or property of the member, or a guest of a member, arising out of or connected with the use of any YMCA Group Exercise Class. Member agrees to indemnify and to hold the Class and its employees harmless from all claims by or liability to member or member's guest except for those arising out of the YMCA knowingly failing to correct dangerous situation brought to its attention.
5. RISK- Certain changes could occur during your exercise session. This would include abnormal blood pressure, fainting, changes of heartbeat, and in rare instances, heart attach or stroke. You should report promptly any dizziness, shortness of breath, chest discomfort and/or heart palpitations or any symptoms which may alert you to modify your activities during your workout or exercise class. Trained personnel are available to deal with unusual situations that may arise. If you have any concern about your health or suffer from any of the following disorders, regardless of age, we strongly recommend that you consult your personal physician prior to beginning an exercise program.

Participant Signature: _____

Date: _____

Payment information:

Total Amount Enclosed: \$ _____ **Please note! Credit card information is required to hold a spot in the class unless a check or money order is enclosed with this form.**

I'll be sending a check **payable to YMCA**, but my card info is below. Please put on this card:

__VISA __MasterCard Card #: _____ Exp. Date: _____

Signature: _____ Billing address (if different from above): _____

Please mail, email or fax this form to: Downtown YMCA, 330 Blvd of the Allies, Pittsburgh, PA 15222 Attention: Michelle Salo
 Fax: 412.227.2827 Email: msalo@ymcapgh.org **Checks payable to YMCA**