



Summer 2010 Registration Form



Student's Name(s): _____

Parent's Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ E-mail: _____

Date(s) of Birth: _____ Emergency Phone: _____

How did you hear about Woodlawn Arts Academy? _____

Activity Code (AC#)	Day	Time	Fee	Participant Name	Additional Info.

Participant (or legal guardian) specifically assumes all risks of injury arising out of his/her use or intended use of equipment or facilities, or his/her participation in the activities of the Sterling-Rock Falls Family YMCA, an Illinois Charter corporation, on or about the premises and does hereby for himself/herself, his or her heirs, executors and administrators, waive, release and agree to hold free from all claims or damages, the Woodlawn Arts Academy and the Sterling-Rock Falls Family YMCA, and its respective officers, directors, Board of Directors, trustees, members, employees or agents.

Participant (or legal guardian) assumes responsibility for paying all tuition and fees associated with registration and agrees to abide by the Academy's rules and regulations.

Please Print Participant Name _____ Date _____ Signature _____
 (Legal Guardian if under 18 years old)

Registration may be done in person at:

Woodlawn Arts Academy
 3807 Woodlawn Rd.
 Sterling, IL 61081
 626-4ART (4278)

Or for your convenience:

Sterling-Rock Falls Family YMCA
 2505 YMCA Way
 Sterling, IL 61081

Payment Options:

Cash _____ Credit Card: Exp: ___ / ___
 Check # _____ # _____ - _____ - _____
 We accept Visa, Mastercard and Discover

Please complete this information for use in grant writing (optional).

Please circle student's ethnic origin:

- | | |
|-------------------------|-----------------|
| Asian, Pacific Islander | American Indian |
| Black, Non-Hispanic | Hispanic |
| White, Non-Hispanic | Other: _____ |
| Multi-Racial | |