



FAIR ACRES  
FAMILY YMCA



Join our exciting

# 4 PART COOKING CLASS

YMCA COOKING CLASS REGISTRATION FORM

Sept, Oct, Nov, Dec 1 class a month

Time: 6pm to 7pm

Location: 400 S. Maple Game On Youth Center (Carthage, MO)

## PARTICIPANT INFORMATION

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

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender (optional): \_\_\_\_\_

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

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

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

## MEDICAL INFORMATION

Allergies or Medical Conditions:

Medications (if any): \_\_\_\_\_

## PERMISSION & LIABILITY WAIVER

I, the undersigned parent/guardian, give permission for my child to participate in the YMCA event on (dates to come)2026. I understand that YMCA staff will supervise participants, and I release the YMCA from liability for any injuries that may occur during the event.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

PICK-UP AUTHORIZATION \_\_\_\_\_

## YMCA USE ONLY

Payment Received:  Yes  No

Amount: \$ \_\_\_\_\_

Staff Initials: \_\_\_\_\_