

Communiversity Registration Form

1. Enter course information, including course number, time/day it meets and course fees(do not include materials fees, these are paid directly to the instructors).
2. Add \$5 registration fee or membership fee. For non-members, there is a one time per semester, per person, non-refundable \$5 registration fee. Non-members have the option of paying this fee OR becoming a member of the University YMCA. Basic paying membership is \$10 for students and \$55 for non-students. If you already are a member of the University YMCA, write "current member" next to the total paid.
3. Enter total amount paid. Checks should be made payable to the University YMCA. *PAYMENTS WHICH DO NOT INCLUDE THE \$5 REGISTRATION FEE OR A MEMBERSHIP FEE WILL NOT BE PROCESSED.*

Name _____ Phone _____ Email _____
 (Please print clearly)
 Address _____ City _____ Zip _____

Where did you hear about Communiversity? Insert in DI Flyer Word of Mouth Public Service Announcement(Radio, TV, Newspaper) Other _____
 Undergrad Grad Faculty Staff Other Community Member

<u>Course #</u>	<u>Course Title</u>	<u>Time/Day</u>	<u>Fee</u>
Office Use Only!			
Initial _____	Date _____		
Total Paid _____			Membership _____
Cash _____			Check # _____ CC _____
_____			\$ _____
_____			\$ _____
_____			\$ _____
YMCA Membership (optional, see above instructions)			\$ _____
Registration Fee (non-members only, see above instructions)			\$ 5.00
TOTAL			\$ _____

Does registrant require any special accommodations or assistance for participation in the program according to the Americans with Disabilities Act? yes (if "yes", someone from the YMCA will contact you to make necessary arrangements).

Waiver and Release of All Claims (all participants/parent/guardian sign)

I recognize and acknowledge that there are certain risks of physical injury to participants in the above program(s), and I agree to assume the full risk of any injuries, damages or loss regardless of severity that I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated such program(s). I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against the YMCA of the University of Illinois and its officers, agents, servants and employees.

I do hereby fully release and discharge the YMCA of the University of Illinois and its officers, agents, servants and employees from any and all claims from injuries, damage or loss which I or my minor child/ward may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program(s).

I further agree to indemnify and hold harmless and defend the YMCA and its officers, agents, servants, and employees from any and all claims resulting from injuries, damages and losses sustained by me or my minor child/ward arising out of, connected with, or in any way associated with the activities of the program(s). In the event of an emergency, I authorize YMCA of the University of Illinois officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or any minor child/ward's immediate care and agree that I will be responsible for payment of all medical services rendered.

I have read and fully understand the Waiver and Release of All Claims information.

Signature of Participant or Parent/Guardian _____

Date _____