

specialty class registration

To Register: Please fill out one form per person and submit by fax (651-292-0566), mail (YWCA St. Paul, Class Registration, 375 Selby Avenue, St. Paul, MN 55102) or in person at the Member Services Desk.

Specialty Class Registration Guidelines: Registration opens as soon as the catalog becomes available. Changes and additions to registrations will be accepted up to one week before the first class meeting. **Registrations will not be processed without a completed, signed registration form and payment. Accepted payment methods include cash (in-person only), check and credit card.**

Refund and Cancellation Policy: Class fees are non-refundable unless the class is cancelled by the YWCA St. Paul. Participants who miss class(es) will not receive refunds or make-up sessions, and class fees for registrations received after the first day of class will not be prorated. The YWCA St. Paul reserves the right to change or cancel classes until the first day class, and may cancel classes if the minimum enrollment is not met. In the event a class is cancelled due to low enrollment, every effort will be made to place the participant in an acceptable alternative class. Additional fees may apply.

Participant Information

Name: _____ Male Female Birth Date: _____

Parent / Guardian Name (for children under 18): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone (day): _____ Phone (evening): _____ Email: _____

Emergency Information

Emergency Contact: _____ Phone (day): _____ Phone (evening): _____

Health Concerns or Special Needs: _____

Payment Information Cash Check Enclosed (payable to YWCA St. Paul) American Express Discover MasterCard Visa

Card Number: _____ Exp. Date: _____ Name on Card: _____

1	CLASS TITLE	DAY(S) M T W TH F SA SU	TIME
	CLASS CODE _____	SESSION	CLASS FEE MEMBER NON-MEMBER
2	CLASS TITLE	DAY(S) M T W TH F SA SU	TIME
	CLASS CODE _____	SESSION	CLASS FEE MEMBER NON-MEMBER
3	CLASS TITLE	DAY(S) M T W TH F SA SU	TIME
	CLASS CODE _____	SESSION	CLASS FEE MEMBER NON-MEMBER
4	CLASS TITLE	DAY(S) M T W TH F SA SU	TIME
	CLASS CODE _____	SESSION	CLASS FEE MEMBER NON-MEMBER

I hereby grant to the YWCA St. Paul the right to capture my image in still pictures for use, at the sole discretion of the YWCA St. Paul. I irrevocably grant to the YWCA St. Paul all rights, title and interest in my image, including without limitation, the rights to reproduce, and publicly display my image. I acknowledge and agree that I do not now, or at any time in the future, expect to receive any compensation (monetary or otherwise) for the use of my image.

I further acknowledge and agree that I hereby waive all rights to threaten or bring suit against the YWCA St. Paul, or any of its directors, officers, employees, subcontractors or agents, on the grounds that the taking, use, non-use, editing, or other action taken or not taken in connection with my image, damaged my person, prop-

erty mmor reputation, invaded my privacy, defamed me, or violated my personality rights or any other legal right of mine. Notwithstanding the terms of this release, should I initiate and prevail in any legal action against the YWCA St. Paul, I also agree that my total monetary award will be absolutely limited to one dollar (\$1.00).

I agree to indemnify and hold harmless the YWCA St. Paul from and against any and all liability, claims, causes of action, damages, costs and expenses arising from or in connection with any act, omission or neglect of YWCA St. Paul, its officers or employees, for any accident, injury or damage howsoever and by whomsoever caused to any person or property occurring in or about the premises as respects the use, operation, maintenance of the property of the YWCA St. Paul.

Participant / Parent Signature: _____ Date: _____