

PARTICIPANT INFO

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell/Other Phones: _____

Email: _____

Female Male Birthdate: _____

Special needs (please describe): _____

Health restrictions (please describe): _____

Allergies (please describe): _____

Previous participant in a Manhattan Youth or Downtown Community Center program.

EMERGENCY CONTACTS

Name: _____ Relationship: _____ Cell phone: _____

Name: _____ Relationship: _____ Cell phone: _____

LEGAL CONSENT

Please read, initial and sign the following legal consents.

_____ I certify that I have permission from my doctor to use the pool.

_____ I certify that I have permission from my doctor to use the steam room.

I give permission to Manhattan Youth to take me to a hospital emergency room or doctor to obtain medical treatment if necessary. I understand that the highest priority of Manhattan Youth is the safety and well-being of participants and staff. From time-to-time there may be situations or circumstances which, in the opinion of the Program Directors, are not safe, nor are they suitable for the well-being of the users and staff. Therefore, I recognize that Manhattan Youth reserves the right to make decisions about enrollment and participation in Downtown Community Center activities and programs. If I am asked to leave a program, Manhattan Youth will refund a prorated share of the unused fees. I give permission to be photographed or otherwise recorded during activities, and for any such photographs to be displayed by Manhattan Youth in any medium (newsletters, web sites, etc.), whether now or hereafter known or developed.

Signature: _____ Date: _____

PROGRAM FEES AND CONTRIBUTIONS

Our program fees and contributions are charged on a monthly basis. You may cancel at any time by either returning your bill or contacting our membership coordinator, Lily Chan: lily@manhattanyouth.org or 212-766-1104 x 221.

Senior Program—no charge.

To help cover costs I want to make a one time contribution of:

Make Checks Payable to Manhattan Youth

\$1000 contribution

\$500 contribution

\$100 contribution

Other Amount: _____

PLEASE RETURN COMPLETED FORM TO: Manhattan Youth Downtown Community Center
120 Warren Street, New York, NY 10007