



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Judo/Jujitsu

Learn self-confidence, self-defense, safety awareness, self-discipline and respect, all while having fun!

Ages: 5 – Adult

Registration:

Members: \$40/month

Non-members: \$50/month

When:

Monday 6:30pm

Wednesday 6:30pm

Thursday 6:45pm

Saturday 10:00am

Additional Information:

Registration is available at your local YMCA front desk or online at www.gastonymca.org



GASTON COUNTY FAMILY YMCA
W.J. Pharr Family Branch
208 Main Street, McAdenville, NC 28101
P 704.824.1131 W www.gastonymca.org

The Y is for everyone.
Financial assistance is available.

YMCA JUDO/JUJITSU REGISTRATION

Participant's Information

Participant's Name: _____ Name Called: _____

Home Address: _____ City/State/Zip: _____

Birth date: _____ Age: _____

Parent's Information

Mother Name: _____ Birth date: _____ Home Phone: _____

Cell Phone: _____ Email : _____

Father Name: _____ Birth date: _____ Home Phone: _____

Cell Phone: _____ Email : _____

Would you be interested in donating to our We Build People Campaign?

No__ Yes - \$5__, \$10__, \$25__, \$100, \$__

Medical Information: Please list ALL known medication, food and other allergies, medications, and any other medical or behavioral conditions:

**Class fees: Members \$40.00/month, Non-members \$50.00/month
due first day of month**

I authorize my bank account to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account; such transfer shall continue notice of payment due and my receipt for payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus service charge.

I choose to utilize the EFT option -- Checking -- Savings Account

Bank Name _____ Name on Account _____

Transit/Routing Number _____ Account Number _____

Authorized Signature _____ Date _____

I choose to utilize Credit Card --Visa -- MC Expiration Date _____

Account Number _____ Security Code _____

Card Holder Name _____

Authorized Signature _____ Date _____