

☐ Consent to participate

## **South Ridge YMCA**

644 Spruce Way SE Medicine Hat, AB T1B 4X4

Phone: 403-528-1631

Y Fusion	
INTAKE INFORMATION	
SCHOOL:	
NAME:	
PREFERRED NAME:	-
GENDER:	
BIRTHDATE:	
ETHNICITY:	
ADDRESS:	
TELEPHONE:	
EMAIL:	
ALLERGIES:	
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Parent/Guardian Signatu	ıre Date:
□ Consent to send er	nails