



This registration form MUST BE notarized by notary public:

State of \_\_\_\_\_ County of \_\_\_\_\_

Notary

\_\_\_\_\_

Date \_\_\_\_\_ My Commission Expires \_\_\_\_\_

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, nation origin, age sex or handicap.

Please tape a copy of insurance card here.

CCYC will remove the portion below this line at time of registration

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