

CAMARILLO FAMILY YMCA

Kick Your Boot Camn

Registration Form

Name \_\_\_\_\_ Male/Female Birth Date \_\_\_\_\_  
First Last

Address \_\_\_\_\_  
Street City Zip

Telephone ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
Name Relationship Phone

<b>Month</b>	Tuesday/Thursday 6am	Tuesday/Thursday 6pm



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