



## Registration Form

Participant's name: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ YMCA Facility Member: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact (other then previously listed): \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency contact (other then previously listed): \_\_\_\_\_

Phone: \_\_\_\_\_

Childs physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please indicate the class your child is participating in: **Home School YouthFit** \_\_\_\_\_  
**Fit Together & Teens** \_\_\_\_\_  
**YouthFit** \_\_\_\_\_

### Participant's Agreement and Parent Wavier

I understand that even when every reasonable precaution is taken, accidents may occur. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that when he/she uses the Wilson Family YMCA facility or program, they do so at their own risk. I release the Wilson Family YMCA, its staff, directors, officers, and agents from all liability for any injury or damage connected in any way whatsoever to participation in YMCA activities, whether on or off YMCA premises. I understand that this release indicates, but is not limited to, any claims based on negligence, action, or inaction of the Wilson Family YMCA, its staff, directors, officers, members, agents, representatives, or guests. I authorize the staff of the Wilson Family YMCA, or appropriate medical personnel, to administer emergency medical treatment to my child or me. I also understand that I am solely responsible for all costs incurred as a result of such medical treatment. Furthermore, I agree and grant permission to the Wilson Family YMCA to use photographs of my child or me in YMCA brochures, flyers, photo collections and other marketing initiatives. I have read, understand, and voluntarily signed this agreement.

Participants name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_