



2010 - 2011 After School Registration Form

Participant Name _____

Address _____

Phone number _____

Date of Birth _____ Age _____ M or F

Emergency Contact _____

Phone number _____

Potty Trained Y or N _____

Parent/Guardian Name _____

Address _____

Phone number _____

Date of Birth _____

E-mail address _____

Emergency Contact _____

Phone number _____

Phone number to leave message (if different than above) _____

Program registering for: Action After School

I am an adult over 18 years of age and wish to participate in YMCA program activities and wish my children or legal wards to participate and give them permission to participate in the activities. As used in this agreement "children" shall include legal wards and "parent" shall include legal guardian. As a condition to being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of the facilities or equipment, or participation in any off-site program affiliated with the YMCA, I understand, acknowledge, agree, and represent that I have inspected and carefully considered the facilities and programs. I understand that even when every reasonable precaution is taken, accidents can happen. As a condition to participation by me or my children in YMCA activities, on my behalf and on behalf of my children, I waive and release any claims or loss of injury incurred or suffered which I or my children might make against the YMCA, its sponsors, officers, employees, volunteers, or contractors as a result of participating in YMCA activities or using its facilities. I further agree to indemnify the YMCA against and hold it harmless from loss incurred as a result of claims against it based upon alleged actions or omissions by me or my children.

I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using the YMCA facilities, on YMCA premises, or involved in YMCA programs.

I give my permission to the YMCA to use without limitation or obligation, photographs, film footage, or tape recordings, which may include my or my children's image or voice for the purposes of promotion or interpreting YMCA programs.

I understand I am responsible for payment of the weeks I register for whether or not my child attends.

I acknowledge and agree with the waiver agreement set forth above.

Signature _____ **Date** _____

NOTE: Please return this form with a \$25 registration fee payment in order to hold a space for your child.