NAME

BIRTHDATE       AGE       GENDER      \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GRADE       SCHOOL

PARENT/GUARDIAN

EMAIL

ADDRESS

CITY       STATE       ZIP

HOME       CELL       WORK

EMERGENCY CONTACT       PHONE

SPECIAL CONSIDERATIONS (I.E. HEATH CONDITIONS, MEDICATION, ALLERGIES, ETC.)         
  
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PARTICIPATION AND RELEASE OF LIABILITY

RELEASE/PARTICIPATION: I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA’s premises. I understand that this release includes any claims based on negligence, action or inaction of the YMA, its employees, boards, members, volunteers or guests.

MEDICAL TREATMENT: I give permission for YMCA staff or volunteers to provide emergency medical treatment, and to transport to an emergency center for treatment. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician.

INSURANCE: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

MEMBER CONDUCT: I agree to abide by the YMA code of conduct and all policies and procedures of the Stanwood-Camano YMCA. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

PROPERTY LOSS: The YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

PHOTOGRAPH PERMISSION: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings, which may include my image or voice for purposes of promoting or interpreting YMCA programs.

PARENT/GUARDIAN (print)

**OFFICE USE ONLY**

AMOUNT PAID  
DATE CODE  
CASH CHECK CARD FA  
STAFF INITIAL

SIGNATURE

DATE