



Family YMCA of Marion & Polk Counties Program Registration Form

Program Name: _____ Branch _____
 Registration Date: _____ Season: _____

Child's Last Name _____ First Name _____
 DOB _____ Age _____ M / F _____ Grade _____ School _____
 Address _____ City _____ State/Zip _____

Primary Parent/Guardian name _____ Phone # Day _____ Eve _____
 Email Address* _____
**required for program announcements and information.*
 Please update your cell phone number () _____ - _____
 Second Parent/Guardian name _____ Phone # Day _____ Eve _____
 Medical problems we should be aware of _____
 Emergency contact if parents unavailable _____ Phone _____

Consent Form – Please Read and Sign
 I realize that this and all Family YMCA of Marion & Polk Counties Programs involve certain inherent risks, and regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for YMCA promotions.

Minor Medical Release and Consent Form
 As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician.

Payment Details
 I understand that payment in full is due at time of registration and that there is a \$25 NSF fee for all returned checks, EFT, debit card, credit card or ACH payments. I will pay the NSF amount plus the NSF fee immediately upon my payment being returned to me by the YMCA.

Children under the age of 13 must be accompanied to and from all YMCA programs.

Signature _____ Print name _____ Date _____