

 **YMCA of Central Texas**
Program Registration Form 2008

YMCA: DMFY or WFY

Participant's Name _____ Member (Y / N) # _____

D/O/B _____ Age _____ Sex _____ Home Phone _____

Home Address _____ City _____ Zip _____

Drivers License Number (over 18) _____

If participant is under 18:

Parent/Guardian's Name: _____ D/O/B _____

Drivers License Number _____

Emergency Contact _____ Phone _____

Uniform Size: YS YM YL AS AM AL XL

I authorize the following people to pick up my child from the YMCA of Central Texas:

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Special Instructions: _____

Childcare Information Only:

School _____ School Phone _____

Enrolled from _____ to _____. Days and Hours attending _____

Doctor's Name _____ Doctor's Phone _____

Hospital Preference _____ Insurance Co. _____ Policy # _____

Participant/Parent Signature _____ **Date** _____

SEE REVERSE SIDE!!!

**LIABILITY WAIVER: INDEMNIFICATION AND HOLD HARMLESS AGREEMENT
EFFECTIVE JANUARY 1, 2008 – DECEMBER 31, 2008**

The YMCA of Central Texas will not assume responsibility for any injury incurred while participating in any athletic events, childcare programs, parent child/events and outings, special events, sports programs, or any related YMCA sponsored activities. Nor will the YMCA of Central Texas be responsible for any lost or stolen items while members and/or program participants are using YMCA facilities, on YMCA premises, or on off-site YMCA program locations. I, the undersigned for myself and for my heirs, so hereby release the YMCA of Central Texas and its employees and agents from any and all claims for injury, loss, or damage I may suffer as a result of my participation, including any injury caused by negligence, if any, of the YMCA, its officers, employees, agents, volunteers, or the negligence of anyone else. I give my permission to the YMCA of Central Texas to use photographs, film footage, or tape recordings, which may include my image or voice for purpose of promoting or interpreting YMCA programs for no compensation.

INSURANCE

I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities.

MEDICAL RELEASE

I authorize the YMCA to provide or obtain emergency medical attention for me or members of my family in the event of sickness or injury. I realize and understand that my family insurance policy will be responsible for any accident or medical claim. Should I, or any member of my family, require special medical treatment, prescriptions, or hospital care, I am responsible for all expenses.

TRANSPORTATION

I hereby give consent for my child to be transported and supervised by the YMCA to and from activities and for field trips as needed.

WATER ACTIVITIES

I hereby give consent for my child to participate in water activities that might be offered by the YMCA. I give the YMCA staff permission to assist my child in the application of sunscreen.

PLAYER / PARENT CONTRACT

We as parents agree to abide by the rules and regulations laid down by the YMCA for both player conduct and present conduct in the clinic keeping with the YMCA's purpose of teaching fair play, cooperation, sportsmanship, honesty, responsibility, respect, and caring. As parents we will serve as positive role models for our children by exhibiting such behavior and values.

Child's Name

Signature of Parent or Legal Guardian (18 years or older)

Date

