



Activity in which you will be participating _____

Name _____

(Last) (First) (M.I.)

Address _____ City _____ State _____ Zip _____

Phone _____ Birth date ____ / ____ / ____ Race (for United Way) _____

Male _____ Female _____ School _____

Parent's Name _____

Parent's Address _____ City _____ State _____ Zip _____

Parent's Phone _____ Parent's Birth Date ____ / ____ / ____

CONTACT PERSON IN CASE OF EMERGENCY:

Name _____ Relationship _____

(Last) (First)

Address _____ City _____ State _____ Zip _____

Doctor _____ Phone _____

Health Conditions/Allergies _____

*NOTE: The YMCA does not provide accidental medical injury insurance for members or program participants. It is expected that everyone carries their own medical insurance. The information given above is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I hereby give permission to the medical personnel selected by YMCA staff to order X-rays, routine tests and treatment for my child in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the YMCA staff to hospitalize, secure proper treatment for and to order injections and/or anesthesia and/or surgery for my child as named above. I also release the YMCA for any liability resulting in an unavoidable accident. The completed forms may be photocopied for trips away from the YMCA facilities. (THIS SECTION **MUST BE COMPLETED FOR ATTENDANCE.**)*

I grant to the Carl Chavis Memorial Branch YMCA, its representatives and employees the right to take photographs, video and audio of me and my property in connection with the Carl Chavis Memorial Branch YMCA programs and activities and I authorize the Carl Chavis Memorial Branch YMCA, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that the Carl Chavis Memorial Branch YMCA may use such photographs, video and audio of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising and Web content.

Signature of parent or guardian: _____ Date _____ (If for religious reasons you cannot sign this, then the YMCA must be contacted for a legal waiver, which must be signed for attendance).

FOR OFFICE USE ONLY:

Amount Paid

Secured By

Date