

Cortland County Family YMCA Program Registration and Release

Program Enrolling In: _____

Participant Name: _____ Age: __ Grade: __ DOB: _____ Gender: __

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Participant Email: _____

Parent Name (if applicable): _____ Parent Email: _____

Emergency Contact(s) (name and number): _____

Health Concerns: _____

Medications/Allergies: _____

Special Needs/Info: _____

Shirt Size (if applicable): (please circle) YS YM YL AS AM AL XL XXL

Parents of youth sports participants, our youth sports depend on volunteer contribution, would you be interested in scorekeeping, coaching or refereeing at the Y? (circle one) YES NO

I am interested in other volunteer opportunities at the Cortland YMCA. (circle one) YES NO

I am interested in YMCA Program Scholarships for financial assistance. (circle one) YES NO

I certify that I am/my child is in the good physical condition to be participating in a program of this nature, and in the case that medical treatment is necessary I authorize the YMCA to seek it on my behalf if an emergency contact can not be contacted or time does not permit.

SIGNATURE _____ DATE _____

FRONT DESK / OFFICE USE ONLY

Program Enrolling In: _____

Session(s) Attending: _____

YMCA Member (circle one): Yes No Total Cost: \$ _____.

Financial Assistance/Scholarship Status: _____ Amount: _____

Additional Comments: _____

Cortland County Family YMCA Program Registration and Release

I _____ am releasing the Cortland County Family YMCA, its directors and the program staff responsible for facilitation and supervision of all financial and legal liability resulting from mine or my child's injury or death, **including in the case of negligence**. I understand the **dangers and risks both foreseen and unforeseen** if the proper equipment, training and supervision are not used. Injuries including those to the **fingers, wrist, legs, feet, back, neck, and head are possible**. I agree to follow all the rules and regulations regarding the program and follow staff direction. I also understand that I am responsible for my own actions, the actions of those I am responsible for, and the consequences that may result from them.

(Please initial below)

___ I have read and **understand** the above statement.

___ I understand that there are **always** foreseeable and unforeseeable risks.

Signature _____ Date _____

Witness _____ Date _____

Minors/Children

In consideration of (child) _____, I (parent/guardian) _____, the responsible party for the minor above **assume all legal and financial responsibility, including in the case of negligence** on the YMCA staff's behalf.

(Please initial below)

___ I have read and understand the above statements.

___ I have read this **entire document** over with my child(ren), and they understand.

Parent/Guardian Name (print) _____ Signature _____ Date _____

Witness _____ Date _____

CONSENT FOR PHOTOGRAPHY/INTERVIEW/VIDEOGRAPHY

I hereby give consent for myself/my child(ren) _____
To be photographed, videotaped or interviewed by the YMCA staff, photographers, reporters, and technicians for special events. Photos or videos may be used for bulletin boards, newspaper or brochure publication, or broadcasting. I relieve and hereby agree to hold the YMCA free and harmless from any and all liability arising out of the interviewing or photographing and subsequent publication or broadcasting.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Effective until cancelled by parent.