



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CORTLAND COUNTY FAMILY YMCA Program Registration

Program Enrolling In: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Participant Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Backup Phone: \_\_\_\_\_

Parent Name (if applicable): \_\_\_\_\_

Parent Email: \_\_\_\_\_

Emergency Contact(s) (name and number): \_\_\_\_\_

Anything we should know about this child (Medications/allergies/special needs): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Shirt Size (if applicable): (please circle) YS YM YL AdultS AdultM AdultL 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 YMCA? (circle one) YES NO

## 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 programs and special events. Photos or videos may be used for bulletin boards, newspaper or brochure publication, or broadcasting. I 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. I give permission to use my child's likeness in any and all promotional or advertising materials related to the CORTLAND COUNTY FAMILY YMCA programs and events.

Participant Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

If Under 18, Participant's Parent/Guardian: \_\_\_\_\_

# RELEASE AND WAIVER OF LEGAL LIABILITY

THIS IS YOUR RELEASE AND WAIVER OF LIABILITY. You release CORTLAND COUNTY FAMILY YMCA, its officers, directors, board members, employees, volunteers, agents, independent contractors, other participants and/or others acting on its behalf (collectively, "YMCA"). **You agree that this Release is effective immediately.**

- 1) ASSUMPTION OF RISK: I expressly and specifically assume any and all risk of injury, illness, death, or property damage resulting from my participation or my minor child's participation at the YMCA.
- 2) I give my minor child, named in this waiver, permission to participate in the YMCA programs. To the best of my knowledge, my child is medically, emotionally and physically fit to participate in programs.

I, as the guardian or participant, understand that CORTLAND COUNTY FAMILY YMCA does not carry or maintain health, medical, or disability insurance coverage for any participants. **Each guardian or participant is expected and encouraged to arrive with medical or health insurance coverage in effect.**

- 3) GENERAL RELEASE, INDEMNIFICATION AND HOLD HARMLESS: I hereby agree for myself and/or my minor child(ren) and our respective heirs, assigns and legal representatives, to indemnify, defend and hold YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants ("Releases") harmless from any and all claims and causes of action of any nature, for any and all personal and/or bodily injury or illness, including death, which may occur to myself or my minor child or which may be aggravated during or by any activity in which I have decided to allow myself or my minor child to participate. I further expressly understand and agree the foregoing indemnity, release and waiver is intended to be as broad and inclusive as permitted by the law of the State of New York and that any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full force and effect.

**I HAVE READ THE ABOVE WARNING, WAIVER, AND RELEASE AND SIGN IT VOLUNTARILY. I AGREE TO PARTICIPATE AND OR/ ALLOW MY MINOR CHILD TO PARTICIPATE KNOWING THE RISKS AND CONDITIONS INVOLVED AND DO SO ENTIRELY OF MY OWN FREE WILL. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENT/GUARDIAN AS EVIDENCED BY THEIR SIGNATURE BELOW. I ACCEPT:**

Applicant/Participant Signature: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

If Under 18, Applicant/Participant's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_