



Registration Form



Child's Name: _____ Age: ____ Birthday: __/__/__ Gender: __
Sibling Name: _____ Age: ____ Birthday: __/__/__ Gender: __
Mother's Name: _____ Cell: _____
Father's Name: _____ Cell: _____
Address: _____ City: _____ Zip _____
Emergency Contact: _____ Cell: _____
Email Address: _____

I certify that this child is in normal health and capable of participating in the YMCA youth activities. I do acknowledge the risk of injury is possible. I grant permission for my child to play and in doing so I hereby release any and all rights and claims for injuries and damages I may have against the YMCA their board, Managers, employees, volunteers. If medical attention is required, I give my permission for such medical care when either I or the emergency contact person cannot be notified. I understand that the YMCA does not carry accident insurance on program participants.

Your Child(ren) must be picked up at 8:30

Parent/Guardian Signature _____ Print Name _____