



# PROGRAM REGISTRATION FORM

FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Sports Camp

October 17 – November 22

Tuesday, Thursday

4:15 to 5:15 p.m.

Y member \$60; non Y member \$80

PROGRAM NAME Sports Camp SESSION DATE: Oct 17 – Nov 22 TIME: 4:15 p.m.

PARTICIPANT'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE, ZIP: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ PARENT D.O.B.: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ OTHER PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_  MALE  FEMALE

Shasta Family YMCA Program Waiver: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to myself or my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for my welfare and safety, and that of my minor children, during Shasta Family YMCA activities and know that activities should only be engaged in by those in good health and that I should consult a physician before enrolling in a YMCA program. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me or if I am unable to give conscious permission. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to me in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes.

PARTICIPANT /PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

FOR OFFICE USE: Date: \_\_\_\_\_ Amt. Paid: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

