

ALLEGHANY HIGHLANDS YMCA PROGRAM REGISTRATION FORM



Which Program are you registering for? _____

Are you a scholarship recipient? Y member?

Yes No Yes No

Day/Time _____

Month/Session: _____

Fee: _____

Shirt Size (Indicate Youth or Adult): _____

PARTICIPANT INFORMATION:

Last Name: _____ First: _____ Middle: _____

Gender: Male Female Birthdate: _____ Age: _____

Address (Street) _____ City: _____ State/Zip Code: _____

PARENT/GUARDIAN INFORMATION:

Mother/Guardian Name: _____ Primary Telephone: _____

E-Mail: _____ Alternate Telephone: _____

Father/Guardian Name: _____ Primary Telephone: _____

E-Mail (Pls print clearly): _____ Alternate Telephone: _____

Child lives with: Mother Father Both Other, Please List: _____

EMERGENCY CONTACT INFORMATION:

Please list the name and contact information we can reliably use if we are unable to contact a Parent/Guardian.

Last Name: _____ First Name: _____

Relation to Participant: _____ Phone: _____

Physician's Name: _____ Phone: _____

HEALTH ISSUES AND ADDITIONAL INFORMATION:

Please describe any health issues, behavior issues, allergies, medical conditions or medications the Alleghany Highlands YMCA should be aware of:

LIABILITY RELEASE:

1. I hereby certify as a participant or parent/guardian of the above named child, give my approval for his/her participation in any and all YMCA program activities. I assume all risks and hazards incidental to such participation, including transportation to and from activities and do hereby waive, release, absolve, indemnify and agree to hold harmless the Alleghany Highlands YMCA, the organizers, sponsors, supervisors, participants, and persons from any claim arising out of injury to my child, whether the results of negligence or from any other cause.
2. I give my permission to the Alleghany Highlands YMCA to use photographs, film footage or tape recordings which may include me or my children's image or voice for purpose of promoting or interpreting YMCA programs.
3. I certify that I or my children's present level of physical condition is consistent with the demands of active participation. As a parent and/or guardian, I authorize the treatment of participants as deemed necessary by medical professionals in the event of a medical emergency.
4. I further agree to become familiar with the rules and regulations of the Alleghany Highlands YMCA concerning my conduct or the conduct of my children and not to violate said rules of any directive or instruction made by the person(s) in charge of said activity. I will further assume the complete risk of any activity done by me or my children in violation of any said rule, directive or instruction.
5. The YMCA will make every attempt to reschedule games and/or activities missed due to inclement weather. I understand that the YMCA will not issue refunds for scheduling mishaps due to inclement weather, or refunds after the start date of a program for any reason.

Parent/Guardian Signature: _____ Date: _____

I am willing to volunteer! Name: _____ Contact: _____

Method of Payment: Check Cash Credit Card Scholarship (% or Amt) _____

Total Amount Paid: \$ _____ Rec'd By (Print Name): _____ Date Paid: _____