



Alexander Family YMCA

Family Program Registration Form 2012

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Program: Middle School Strength & Conditioning
Program Date: Tuesdays and Thursdays Feb. 14 – March 29
3:30 p.m. – 4:30 p.m.
Grades 6-8
Registration Deadline: February 6, 2012

Child's Legal Name _____	
Age _____	Birth Date _____
Parent's Name _____ Home Phone _____	
Address _____ City _____ State _____ Zip _____	
Parent's Email _____ Work Phone _____	
YMCA member: Member # _____	
In case of emergency, please notify the following person (if parent cannot be reached):	
Name _____	
Cell Phone _____ Home Phone _____	

Medical Treatment: The YMCA does not normally administer any medication. However, in the event of an emergency in which the spouse cannot be contacted, Emergency Medical Staff and the YMCA may take appropriate action in the best interest of the participant.

Accident Insurance: Participants are responsible for their own accident insurance when using the YMCA and when participating in YMCA programs off-site.

Photography Waiver: By signing this form, players permit the YMCA to use their picture as a program participant in promotional literature, promotional videos and the YMCA of the Triangle Web site, which are published and used by the YMCA.

Participation Waiver: I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA and its employees, organizers, volunteers, supervisors, officers, directors, participants, coaches, and referees, as well as all persons transporting participants to and from activities, from any legal claims, liabilities, damages and costs for any physical injury or damage to my personal property sustained during my use of YMCA property and/or my participation in any YMCA activities.

**Player must read and sign below establishing their agreement with YMCA policies.
Registration will not be processed unless the form is signed.**

Parent/legal guardian signature _____ Date _____

For Office Use Only
<input type="checkbox"/> Entered into computer
<input type="checkbox"/> Signed registration form
<input type="checkbox"/> Staff Name _____