



# Salt Fork YMCA Program Registration Application

740 East Yerby Street • Marshall, MO 65340 • 660-886-9622 • Fax 886-6599

Child's Name (First, Middle, Last)	Preferred Name	Gender Male      Female
Birth date	Age	Grade in school
Home Address	T-Shirt Size	Home Phone/Cell phone
City	State	Zip
Mother's Name	Place of work	Work Phone/Cell Phone
Father's Name	Place of work	Work Phone/Cell Phone
Emergency Contact (Other than parents)	Relationship	Emergency Phone/Cell Phone
Medical Insurance Company	Policy Number:	
Please list any limitations and/or cautions we should be aware of in case of medical emergency. (i.e. allergies, illness)		

### WAIVER AND RELEASE FROM LIABILITY

**Liability Waiver:** I understand that the Salt Fork YMCA (YMCA) assumes no responsibility for injuries or illnesses, which I may sustain as a result of my physical condition, or resulting from my observation or participation in any activity or use of facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses, which may result from my participation in these activities. I hereby release and discharge the Salt Fork YMCA, its agents, servants, and employees from any and all claims of injury, illness, death, loss or damage, which I may suffer as a result of my participation in these activities.

**Property Loss:** I understand that the YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities or on YMCA program premises.

**Photography Permission:** I give my permission for the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting YMCA programs.

**Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all YMCA activities. The YMCA does not provide any accident or health insurance for its participants.

**Medical Release:** I authorize the YMCA, as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the YMCA to give first aid, CPR or other treatment by a qualified staff member.

**Medical Clearance:** If I answer "yes" to any of the following questions, I understand that it is my responsibility to complete an Informed Consent Waiver which may be obtained from the YMCA office. • Has a doctor ever informed you that you have high blood pressure? • Have you ever had a heart attack, heart surgery or any type of heart problem? ♦ Do you have any serious orthopedic problem? ◇ Are you pregnant? ◇ Is there any reason why you believe you should not be engaged in exercise?

**Acceptance:** This waiver and release is given for myself and on behalf of all the minor members of my family listed, if any. I acknowledge the conditions for membership state above. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

**X** \_\_\_\_\_  
Signature (Parent or Legal Guardian for those under 18 years old)

\_\_\_\_\_  
Date