



MIDDLE SCHOOL MADNESS

Caroline Family YMCA

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participant Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (H): _____ Phone (C): _____

Age: _____ Grade: _____ DOB: __/__/____ Gender: M or F

Parent Name: _____ E-mail: _____

Phone Number: _____ Parent DOB: _____

Emergency Contact: _____ Relationship to Participant: _____

Emergency Contact Phone Numbers:

Home: _____ Work: _____ Cell: _____

Additional Information: Does your child have any health conditions or disabilities which we should be aware of?

Disclaimer for Non-Adapted Programs: In order for our programs to be successful, we have an expectation of behavior from our participants. If you or your child needs additional physical or behavioral support during a program, you will be asked to either provide that assistance by personally being there or having an aide to work with you/your child during the program. Behaviors that do not correlate with the YMCA's core values of respect, caring, honesty, and responsibility or infringe upon another participant's ability to receive appropriate instruction in the class are not tolerated and will require a consultation and possible removal of the individual from the class. If you think your child may have a hard time with the socialization aspect and may not display age appropriate behaviors then please speak to the instructor about what the expectations are for the program to determine if this program is appropriate for you or your child prior to registering. **Initials** _____

Photo Release: My signature below authorizes the Rappahannock Area YMCA Inc. to take and use photographs of the participant named above while involved in YMCA activities for promotional purposes. My signature further authorizes the use of the name of said participant in conjunction with photographs taken. This consent is expressly intended to release from liability the Rappahannock Area YMCA Inc., its agents, servants, and employees. **Initials** _____ **or NO:** I do not authorize the Rappahannock Area YMCA Inc. to use my or my child's photo or name for promotional purposes. **Initials:** _____

Informed Consent—WAIVER OF LIABILITY In consideration of being permitted to utilize the facilities, services, and programs of the Rappahannock Area YMCA Inc. (YMCA) for any purpose including, but not limited to, observation or use of facilities or equipment, or participation in off-site programs affiliated with the YMCA, the undersigned for himself, herself, and any personal representatives, executors, and administrators WAIVE, RELEASE, DISCHARGE, and COVENANT NOT TO SUE the Rappahannock Area YMCA Inc, their Directors, Officers, Employees, and their Agents for any and all injuries and other damages which he/she may suffer in connection with his/her participation in this program or any other activities. I understand this release includes any claims based on negligence, action or inaction of the YMCA Staff, Directors, Members, and Guests.

First Aid Release I give permission to the Rappahannock Area YMCA Inc. to administer First Aid to my child in the event that immediate medical attention is required and neither parent nor guardian is available. I hereby certify permission for the Rappahannock Area YMCA Inc. to transport my child to the nearest health facility. I also certify permission to the physician selected by the Rappahannock Area YMCA Inc. to treat my child. I have read, truthfully answered, will follow all league/session requirements, and am voluntarily signing this authorization and release. I understand there are no prorated fees nor refunds.

Signature (Parent/Guardian if under 18):

Date:
____/____/____

YMCA STAFF:

Date: ____/____/____

Amount Paid: _____

Receipt Number: _____