

PROGRAM NAME: _____



Date Paid _____
Staff Initials _____
Check # _____
Cash _____

We build strong kids, strong families, strong communities.

YOUTH PARTICIPATION FORM

Member/Participant Name: _____ Date: _____

Birth Date: _____ Age _____ Grade _____ Gender: M / F

Shirt Size: Small _____ Medium _____ Large _____ Extra Large _____
(Circle please)

Height _____ Weight _____ Years of Experience in this sport _____

Mailing Address _____ Home Address _____

Telephone _____ Emergency Number _____

Email address _____

Parent/Guardian Name _____

Allergies Or Other Medical Problems _____

Medications Currently Taking _____

CONSENT/WAIVER

I hereby consent to my child's participation in activities governed by the Johnson County Family YMCA. I recognize that there are certain inherent risks in sports activities, and in consideration of the YMCA's acceptance of my child's participation, I hereby assume all risk of injury or damage resulting from such activities, and I hereby release and hold the Johnson County Family YMCA, its coaches, directors, supervisors, employees and sponsors, the Johnson County School District #1, and the City of Buffalo free from any claim, liability, and demand of any kind for injury or personal loss which might result from his/her participation in or travel to and from the Johnson County Family YMCA activities. I hereby give my permission for treatment for my child from a duly licensed physician in the event I cannot be reached, and I will assume full responsibility for the cost of such treatment.

Parent/Guardian Signature

Date

I would be willing to coach (Name) _____

I would be willing to assist (Name) _____