

PROGRAM NAME: _____

Date Paid	_____
Staff Initials	_____
Check #	_____
Cash	_____



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YOUTH PARTICIPATION FORM

Member/Participant Name: _____ Date: _____

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

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____

Email: _____

Emergency Name & Number: _____

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 volunteer for the following duties: *(Please Check)*

Head Coach	<input type="checkbox"/>	Timer/Score Keeper	<input type="checkbox"/>
Assistant Coach	<input type="checkbox"/>	End of Program Activity	<input type="checkbox"/>
Official	<input type="checkbox"/>	Skills Day	<input type="checkbox"/>
Field/Court Monitor	<input type="checkbox"/>	Other	<input type="checkbox"/>

Name: _____ Contact Number: _____

THE FOLLOWING PEOPLE MAY REMOVE MY CHILD FROM THE YMCA WITHOUT PRIOR NOTICE.

Name(s):