

Davie Family YMCA
SATURDAY NIGHT LIVE REGISTRATION

Name (please print) _____

Age _____ Date of Birth _____ Grade _____ Male/Female (circle one)

Address _____

Home Phone _____

Parent/Guardian Name(s) (please print) _____

Parent/Guardian(s) Work Phone Number _____ Cell _____

Person to call in case of emergency if parent/guardian cannot be reached:

Name _____ Phone _____

Person who may pick up child (other than parent/guardian listed above):

Name _____ Phone _____

Name _____ Phone _____

Special Instructions _____

Medical Authorization: I, the above referenced child's parent/guardian, understand that in case of the illness or injury of my child, the Branch will notify me or the emergency contact listed above. In the event of a medical emergency concerning my child at a time when either I, or the emergency contact cannot be notified, I hereby authorize the Branch staff or officials to obtain the necessary medical care and/or treatment, including but not limited to first aid, x-ray examinations, and aesthetic, medical or surgical diagnosis or treatment or hospital care and I hereby accept the sole financial responsibility for such medical care, first aid or treatment.

Insurance Company _____

Insurance Policy Number _____

If requested by emergency medical personnel, Davie Family YMCA personnel will provide the following information:

Preferred Hospital _____

Personal Physician & Phone Number _____

(2 sided form)

Acknowledgement of Risk of Injury/Release and Waiver: I acknowledge and understand that there may be risk of injury involved in activities that my child will engage in during participation in the Program. In consideration of the Branch allowing my child to participate in the above referenced program, I hereby agree to release, waive, discharge, covenant not to sue, hold harmless, and indemnify, on behalf of myself and any other parent or guardian of my child, the Branch, the YMCA of Northwest NC, Inc. and their respective volunteer youth coaches, officials, agents, employees, directors, members, officers and other staff members from liability to us and our child, as well as other respective personal representatives, assigns, heirs, and next of kin, for any and all claims suits or causes of action arising from or out of any injury, known or unknown, to property or body, that my child may suffer from participation in YMCA athletics, activities or the above referenced Program; and do hereby expressly assume the risk of injury associated with participation in said Program.

Dress Code: The parent/guardian understands and acknowledges that proper attire must be worn at all times. Clothes that are too revealing or inviting are prohibited from said program. The Branch reserves the right to take appropriate disciplinary action, up to and including dismissal from the program, with respect to all Program participants.

Lost or Stolen Items: The parent/guardian agrees by signing below that the YMCA is not responsible for lost, damaged or stolen items that are brought to the Program. It is the responsibility of the program participants to watch after their own belongings.

Photographs: Photographs will occasionally be taken of the children during the Program times. By signing this registration form, I consent to the use of pictures of my child for displays, brochures and promotional materials with no compensation to my child or me.

Discipline: The undersigned parent/guardian understands and acknowledges that the Branch reserves the right to take appropriate disciplinary action, up to and including dismissal from the Program, with respect to all Program participants. This policy includes the strict enforcement of activities associated with the use of tobacco products at the Program, the use of illegal substances, fighting, and the possession of weapons at the facility.

Age Requirement: This program is dedicated to middle and high school students. By signing this form you are stating that your child is registered as a middle or high school student in grades 6-12. If your child is not in middle or high school and attends the program then they may be banned or suspended from the program and/or the Davie Family YMCA.

I, the undersigned parent/guardian of the child listed above, have read this registration form and release agreement and understand all of its terms. I hereby execute it voluntarily and with full knowledge of its meaning and significance.

IN WITNESS WHEREOF, I have executed this registration form and release agreement on the ____ day of _____, 200__.

Signature of Parent/Guardian

Print Name of Parent/Guardian