Long Branch Area YMCA
Youth Program Registration Form
(ages 17 and under)

Participant's Name: _____ Birthdate: _____ Gender: M F

Home Address: _____ Y-member: Y N

City, State, Zip: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Contact E-Mail: _____

Preferred method of contact in case of cancellation:(circle one) Phone – Hm/Wrk/Cell/E-mail/other _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Medical/Physical concerns or limitations:

I consent to have my child participate in Long Branch Area YMCA programs. I understand that there is risk of injury, as there is with most activities. Injuries obtained could be very minor, such as bruises or sprangs, but could also be more serious.

It is understood that the Long Branch Area YMCA coaches and staff do not insure against, nor accept responsibility for personal injury or property loss or damage to the participant which may be sustained as a result of participation in YMCA programs. Parents or guardians are responsible for medical care, treatment, and insurance for the above participant.

In consideration for the above person to be allowed to participate in YMCA programs, I agree to assume the risk of such programs and agree to release the YMCA and all staff from any claims, suits, losses or related causes or action for damages, including, but not limited to such claims that may result from injury or death, accidental or otherwise, during or arising in any way from YMCA programs.

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. 1. Has a doctor ever informed you that your child has high blood pressure? 2. Has your child ever had a heart attack, heart surgery or any type of heart problem? 3. Does your child have any serious orthopedic problems? 4. Is your child pregnant? 5. Is there any reason why you believe your child should not be engaged in exercise?

Permission for Medical Treatment

If the undersigned has doubts about the physical condition of the above participant, a physical examination by a physician is recommended. In addition, the undersigned, hereby authorizes any first aid or medical treatment deemed necessary in the case of emergency for participant and gives permission for emergency treatment, x-rays, or surgery as recommended by attending physician.

I/We as parents/guardians assume full financial responsibility for any and all medical care for participant. I/We do understand and agree to the responsibilities of this document.

X_____ **X**_____ Date _____

Signature – Participant

Signature – Parent/Legal Guardian
*REQUIRED

08/10/10