

## FOR YOUTH DEVELOPMENT FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

## Trips (Please Circle Which One you are registering for) Mint Museum Charleston

Figure Skating

**SECCA Museum** 

lint Museum Charle

Balloon Festival

Savannah

Participant Information

Last Name:F	irst Name:	Phone: ( )	
Address:	City:	State: Zip:	
Date of Birth: Age	e: Geno	ler: Male Female	
Roommate Request (for overni	ght trips only)		
Important Medical Information	<b>:</b>		
Email:		_	
Emergency Contact:	Home #:	Work #:	
employees, volunteers, agents, independent con This is important to you and/or any minor childre 1) GENERAL RELEASE: I hereby agree for myself a members, employees, volunteers, agents, independent injury or illness, including death, which impself and/or my child to engage. I further waive act or thing occurring in or arising out of my and/broad and inclusive as permitted by the law of the 2) ASSUMPTION OF RISK: I, individually and/or or activities. You assume the risks: I, individually and understand that I should consult a physician beform 3) MEDICAL RELEASE: I, individually and/or on be assistance provided to me in connection with any permission for emergency medical treatment to be	(the "Release"). You individually an tractors, other participants and/or on, so do not sign until you have had ind/or my child and our respective handent contractors and other participants activities and all claims or causes of activities are state of North Carolina and that a subehalf of any minor child, expression behalf of my minor child, under the enrolling myself and/or my child half of any minor child, further here in injury that arises from activities at the administered as deemed approping to the company of the own that a subehalf of any minor child, further here in injury that arises from activities at the administered as deemed approping the OWN HEALTH INSURANCE. You subgraphed and to allow YMCA's use	thers acting on its behalf (collectively, "your questions answered. You provide theirs, assigns and legal representatives, to pants ("Releases") in the program harmly which may be aggravated during or by a port, which I and/or my child may now or orgam. I further expressly understand an any portion thereof is held invalid, it is aggiven and specifically assume any and all risk stand that YMCA activities are strenuou in the YMCA program. Once you sign, you by release YMCA from any claim whatso YMCA. A) I take full responsibility for my liate.  Incomplete the second of the YMCA does not any photos of myself and/or my minor any photos of myself and/or my minor and the ymous provides the ymous photos of myself and/or my minor and the ymous provides the ymous photos of myself and/or my minor and you provides the ymous photos of myself and/or my minor and you provides the ymous photos of myself and/or my minor and you provides the your prov	the the YMCA of Greensboro, Inc., its officers, directors, board members, YMCA"). You agree that this Release is effective immediately. This Release freely, and without duress under the following terms: to indemnify, defend and hold YMCA and its officers, directors, board ess from any and all claim and causes of action of any nature for any and all any activity during the course of the program in which I have decide to allow thereafter have against Releases which may at any time arise as a result of any dagree the foregoing indemnity, release and waiver is intended to be as reed that the balance shall, notwithstanding, continue in full force and effect of injury, illness, death, or property damage resulting from my YMCA is and dangerous and should be engaged in only by persons in good health. I but are saying that you understand the risks involved and accept all of the risk ever which may arise as a result of any first aid, treatment, or services or and my child(s) welfare and safety on or at YMCA activities. B) I hereby give not carry insurance to cover injuries and losses that may befall you.
Applicant or Parent/Lega	al Guardian Signat	ure	Date:

The Mission of the YMCA is to put Judeo-Christian principles into practice through programs that build healthy, mind, spirit and body for all.

Financial Assistance is available through our Open Doors Scholarship Program.