



Program Registration Form Youth Basketball and Cheer

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Uniform Size: [Youth] YS YM YL YXL

[Adult] AS AM AL AXL AXXL

Please circle one of the following.

Program Participant Contact Information

Participant Name:	Age:	DOB: Birth Certificate Required.
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Program Team: Basketball or Cheer	School:	Grade:
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Home address:

City:	State:	Zip:
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Parent Contact Information

Parent Name:

Best Contact Number:

Email Address:

Emergency Information

In case of an emergency and the parents cannot be reached, please provide information for the following:

Name of Emergency Contact:

Emergency Contact Phone:

Relationship to Child:

Please list any medical information we should be aware of:

In the event I cannot be reach in case of an emergency, I authorized the employees of the YMCA to administer and/or obtain routine medical attention, care and treatment for my child as may be necessary. I shall assume responsibility for payment of services.

I hereby certify that my child is in normal health and capable of safe participation in the YMCA Youth Competitive Sports Basketball Program. I assume all risks and hazards to the conduct of this program. I hereby authorize the YMCA of Metropolitan Columbus, Georgia, its agents, volunteers, coaches, and employees to obtain emergency medical treatment for my child if the parent cannot be reached.

This form serves as a written contract as well for the staff of the YMCA to transport my child if necessary for emergency treatment and as consent for my child to be transported to basketball events local and outside Columbus. YMCA field trips and other special events.

By signing this form, I hereby give permission for my child to participate in the YMCA Youth Competitive Sports Basketball Program and give permission to use photos taken to be used for publicity and educational purposes and for my name and phone number to be listed in the YMCA's parent roster.

Parent signature: _____ Date: _____



FOR YMCA RESPRESENTATIVE ONLY

Staff receiving payment: _____	Program Registration Fee Received: _____
Form of payment: Cash Check/Check# _____ Credit Card	



Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF METROPOLITAN COLUMBUS, GEORGIA FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, _____ in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of YMCA of Metropolitan Columbus, GA facilities, services, equipment and premises ("Facilities") and any participation in YMCA of Metropolitan Columbus, GA programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Metropolitan Columbus, GA, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)