

CAMARILLO FAMILY YMCA
Youth Wellness Registration

Name of Child _____

_____ First Last Male
 Female

Birthday _____ Age _____
 School _____

Parent/Guardian's Name _____

Address _____
 Street City Zip

Telephone (____) _____ Email _____

CIRCLE PROGRAM

GymVentures Pip-Hop Creative Movement
 Pre-Ballet Int. Ballet Ballet
 Hip-Hop Judo
 Cheer/Tumble Advanced Tumbling Sports of all Sorts

MUST BE FILLED OUT

| | SESSION | DAY(S) OF THE WEEK | TIME |
|--------------------|---------|--------------------|-------------------|
| <u>Par-</u> | | | |
| <u>Per-</u> | | | <u>ent</u> |

mission Form

The undersigned as parent or legal guardian of _____ hereby authorizes the YMCA and its delegated leaders and directors to consent to any medical and hospital care to be rendered to said minor upon the advice of a licensed physician. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California. It is understood that if time and circumstances reasonably permit, the YMCA will endeavor, but is not required, to communicate with me prior to such treatment. The undersigned further agrees that the YMCA and its designated leaders and directors are not to legally or financially liable for any claim arising from any consent given in good faith in connection with such diagnosis or advised treatment. This authorization and consent to treatment of minor is given to the YMCA in conjunction with any authorized event.

SIGNED _____ DATE _____

In an emergency notify _____
 Name Relationship Phone

Parent or Guardian must be inside the facility while class is in session