

PROGRAM REGISTRATION FORM



Montecito Family YMCA

a branch of the Channel Islands YMCA

We build strong kids, strong families, strong communities

Please sign liability waiver on back

Parent/Guardian name: _____ Birthdate: ____/____/____ Gender: M____F____
Last, First Middle

Participant's name: _____ Birthdate: ____/____/____ Gender: M____F____
Last, First Middle

Address: _____ City: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____ Bus. Phone: (____) _____ - _____

E-mail Address: _____ School Name: _____ Grade: _____

Emergency Contact: _____ Phone #: (____) _____ - _____ Comments: _____

All fees are subject to change. No refunds will be issued after the class has begun. Credits will be reviewed on a case by case basis.

A \$5 fee applies when switching to another class/program, unless change is required by the instructor.

PROGRAM INFORMATION

Choose

Shirt size (if applicable) YS YM YL AS AM AL I am interested in being a: Coach Assistant Coach Team Parent Official
(sizes run small)

Program Name: _____ M T W Th F Sat Times: _____ Dates: _____ Cost: _____

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Method of payment: (circle one) Total:

Cash Check #: _____ AMEX Discover MasterCard Visa Receipt # _____ Staff Initials _____

Credit Card Account: _____ Expiration Date: _____ Card Security # (3 or 4 digits) _____

Card Holder's Name: _____ Signature: _____

Channel Islands YMCA

Santa Barbara, Montecito, Ventura, Camarillo, Lompoc, Santa Ynez & Youth and Family Services

Consent to Treatment, Photographic Release, Insurance Disclaimer

Consent To Emergency Medical and Dental Treatment (Please check appropriate box below.) As the parent [], domestic partner defined by State of California [], or authorized representative or legal guardian [], I hereby give consent to Channel Islands YMCA, and its employees and volunteers to obtain all emergency medical or dental care prescribed by a duly licensed physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child, _____. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

Photographic and Video Release

I hereby give Channel Islands YMCA, including its volunteers, employees and any other persons and entities acting with its permission, or upon its authority, the absolute right and permission to take, copyright, use, and publish any photographs or video of or concerning my child for the purpose of any YMCA advertising, education, promotion, or other purpose consistent with the YMCA mission. I agree that any such photograph or video is the exclusive property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any and all rights to inspect and/or approve any printed or electronic material that may be used in conjunction with the photographs or video, or to approve the use to which the photographs or video may be applied.

Insurance Disclaimer

Channel Islands YMCA does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness, injuries or accidents will be the responsibility of the participant and his/hers parents.

List all allergies including reactions to medications: _____

List any fears that your child has: _____

I have read, understand and accept the above conditions.

(Print)

(Sign)

Date

**CHANNEL ISLANDS YMCA
MEMBER/CHILDREN**

RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the premises, facilities, services and programs of the Channel Islands YMCA, YMCA, (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry onto the YMCA's facilities for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof; its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
- 2 THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any, loss, liability, damage or cost they may, incur due to the presence of the undersigned or such children in, upon or about YMCA's premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Date: _____ Print name of Applicant/Parent: _____

Address: _____ Signature of Parent/Applicant: _____

_____ Name of Child in Program: _____

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