



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

COMMUNITY REGISTRATION FORM

Channel Islands YMCA

Santa Barbara · Montecito · Ventura · Santa Ynez Valley · Lompoc · Camarillo

PLEASE FILL OUT ALL SPACES * PRINT LEGIBLY

Primary Member: _____ Birthdate: ____/____/____ Gender: ____M____ F
Last, First

Spouse: _____ Birthdate: ____/____/____ Gender: ____M____ F
Last, First

Address: _____ City: _____ Zip: _____

Phone: (____) _____ - _____ Other Phone: (____) _____ - _____ E-mail: _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____ - _____

OTHER MEMBERS NAMES:

| Name: Last, First | Gender | Relationship | Date of Birth | Age |
|-------------------|--------|--------------|----------------|-------|
| 1. _____ | M F | _____ | ____/____/____ | _____ |
| 2. _____ | M F | _____ | ____/____/____ | _____ |
| 3. _____ | M F | _____ | ____/____/____ | _____ |
| 4. _____ | M F | _____ | ____/____/____ | _____ |
| 5. _____ | M F | _____ | ____/____/____ | _____ |

Photographic and Video Release

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give Channel Islands YMCA, its volunteers, employees and any other person and entity acting with its permission the right to take, copyright, use, and publish any photographs or video of me or my child/children for the purpose of any YMCA advertising, promotion, or other purpose consistent with the YMCA mission.

I agree that any such photograph or video is the property of the Channel Islands YMCA, and I hereby waive all rights thereto. I further waive any right to inspect 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 or hers parents or guardians.

Member Signature: _____ Date: ____/____/____

PRIMARY MEMBER LAST NAME, FIRST NAME

MEMBER#

Renewal Date

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