

Northfield Area Family YMCA Basketball Registration Form

519 Division Street, Northfield MN 55057
507-645-0088 www.northfieldymca.org

OFFICE USE ONLY

Date/Time: _____ Staff Initials: _____
 Membership Number: _____
 Membership Type: _____
 Received: Mail Fax In Person
 Confirmation: POS Mail
 Payment Received: Yes No
 Amount Received: \$ _____

Participant Name: _____
 Home Address: _____
 City/St/Zip: _____
 Birthdate: _____ Gender: M F
 Home Phone: _____
 Email Address: _____

The YMCA periodically takes pictures of YMCA members and persons participating in Y programs to use for promotional purposes and programming materials including the YMCA website. If you do not want pictures of yourself or your family used in this way, please let us know.

**Jan 10—March 14th—details on reverse flier or on the YMCA website
\$10 per student for all 10 weeks**

Additional Participants (Only if living at same address as first participant):

Name: _____ Birthdate: _____ Gender: M F School/Grade: _____
 Name: _____ Birthdate: _____ Gender: M F School/Grade: _____
 Name: _____ Birthdate: _____ Gender: M F School/Grade: _____

Parent/Guardian Name: _____ **Parent/Guardian Name:** _____
 Date of Birth: _____ Date of Birth: _____
 Work/Cell Phone: _____ Work/Cell Phone: _____
 Email: _____ Email: _____

I Hereby Agree to the Following:

- ~ To allow first aid treatment to be given to my child by YMCA staff and/or certified first aid person.
- ~ To allow YMCA staff to take charge in the event that I or authorized emergency contact cannot be reached.
- ~ To allow the YMCA to transport my child in YMCA vans, school bus, or by hiking.
- ~ To fill out a medication form in the event my child needs to be given any medication.
- ~ To discuss with YMCA staff any limitations my child may have in regards to his/her participation in the program.

Parent/Guardian Signature

Date

Release and Waiver of Liability:

The undersigned hereby releases, waives, discharges Northfield Area Family YMCA from liability to the undersigned for any loss or damage on account of injury to the undersigned. The undersigned hereby assumes full responsibility for risk and bodily injury. I also hereby release all photographs of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials

Parent/Guardian Signature

Date