

# Northfield Area Family YMCA 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: \_\_\_\_\_

YMCA Member: Yes or No

T-Shirt Size \_\_\_\_\_ (if applicable)

*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.*

### Class information

Name: \_\_\_\_\_ Class name: \_\_\_\_\_ Cost: \_\_\_\_\_

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### 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:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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Date of Birth: \_\_\_\_\_

Work/Cell Phone: \_\_\_\_\_

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