



YMCA Program Registration Form

Please Note:

There is a 2 week program registration period for facility members and 1 week for program members.

Name: _____ Birth Date: _____ Age: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ E-Mail: _____

Membership Status (circle one)	Member	Program Member
Payment: Total Payment Enclosed	Amount \$ _____	
Charge My Credit Card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa Exp Date _____
Credit Card Number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Program	Date/ Time	Fee

WAIVER AND RELEASE FROM LIABILITY

Waiver of Liability:

I hereby accept any and all responsibility for, and assume the risk of any and all injury or damage to my person or dependant children which might arise directly as a result, and or participation in the **MANSFIELD YMCA and it's activities**, the various branches and subdivisions thereof, and all employees and volunteers in their capacities as representatives of the **MANSFIELD YMCA** expressly including, but not limited to, the Board of Directors of the **MANSFIELD YMCA** except for injuries caused intentionally, or by willful misconduct. I certify that I am familiar with the contents of this **release**, that I have read and understand the same, and that it is my intention by my heirs, administrators, ex-ecutors, successors, and assigns.

Property Loss: I understand that the **MANSFIELD YMCA** is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using **MANSFIELD YMCA** facilities or on **MANSFIELD YMCA** program premises. **Photography Permission:** I give my permission for the **MANSFIELD YMCA** to use, without limitation or obligation, photographs, film footage, or tape recordings, which may include my image or voice for purposes of promoting or interpreting **MANSFIELD YMCA** programs. **Insurance:** I understand it is my responsibility to provide for my own (and other members of my family if applicable) accident and health coverage while participating in all **MANSFIELD YMCA** activities. The **MANSFIELD YMCA** does not provide any accident or health insurance for its participants. **Medical Release:** authorize the **MANSFIELD YMCA** as my agent, to give consent to surgical or medical treatment by a licensed physician or hospital when such treatment is deemed necessary by the physician if I cannot be contacted within a reasonable time or otherwise unable to give such consent. I authorize the **MANSFIELD YMCA** to give first aid, CPR or other treatment by a qualified staff member. **Acceptance:** This waiver and **release** is given for myself and on behalf of all the minor members of my family or in my care, if any. If any portions of this waiver are held to be invalid I agree that the remaining terms shall continue to be full legal force and effect. **I have read, or have had read to me, and voluntarily sign this waiver and release from liability.**

Member Signature/ Signature of Parent or Guardian if under 18 _____

Date _____