



Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Sex: _____ Birth date: _____ Age: _____ Shirt Size: YOUTH: SM MED LG ADULT: SM MED LG XL

Do you have any limitations or special medical or behavioral concerns that we should be aware of?
(Medications, allergies, etc.)

Physician: _____ Date of last physical examination: _____

Emergency Contact: _____ Address: _____

Phone Number _____ Relationship: _____

Release/Participation: I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers, or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers, or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide me with emergency medical treatment deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree to abide by the YMCA code of conduct and all policies and procedures.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purposes of promotion or interpreting YMCA programs.

_____ \$40 (Adult) _____ \$25 (13-17 year olds)

ROUTE ___12 ___35 ___67 ___100

Signature: _____ **Date:** _____

Mail to: **YMCA OF MOORE COUNTY**
1400 South Maddox, Dumas Texas 79029

For Office Use Only **Paid:** _____ **Ck#:** _____ **Staff Initials:** _____