HODDING CARTER MEMORIAL YMCA

Program Agreement

YMCA Identification Number | Today's Date: Month/Day/Year

PROGRAM TYPE

Choose Member Type: ○ Member ○ Non-Member Program: GYMNASTICS

PRIMARY NAME (Parent or guardian for applicants under 18)

First Name	M	Last Name			
Home Address	City	State		Zip	
Home Phone	Cell Phone	Gender	M F	Date of Birth	
E-mail Address					

EMPLOYER

Company Name	Work Phone

EMERGENCY CONTACT (if parents cannot be reached)

Name	Phone number

SECONDARY ADULT NAME

First Name	M	Last Name			
Home Phone	Cell Phone	Gender	M F		
E-mail Address					

PROGRAM PARTICIPANT

Legal First Name	M	Legal Last Name	Date of Birth: MM/DD/YYYY			
Allergies	Doctor	Age	Grade	School	Gender	M F

Class name: ○ Preschool ○ Level 1 ○ Level 2 ○ Mini-Team ○ Pre-Team ○ Tumbling Boys ○ Dance ○ Team

Class day: ○ Mon ○ Tues ○ Wed ○ Thurs ○ Fri ○ Sat Class time: :

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How did you hear about our program? ○ Radio ○ Television ○ Newspaper ○ Word of Mouth ○ School ○ Internet/Website

LIABILITY WAIVER AND CONDITIONS OF MEMBERSHIP

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA, use of the facilities, equipment and machinery, I do hereby waive, release and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities at said facility. I do hereby release all those mentioned and any others ac ting on their behalf from any responsibility or liability for any injury or damage to myself or family, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out or connected with my participation in any activities of the YMCA or use of any equipment at the YMCA.

I agree on behalf of myself, my household, and my family with the YMCA policies and procedures and understand that my / our membership can be revoked without refund for exhibiting inappropriate behavior or abuse toward the YMCA staff or facilities.

Photo release: I hereby grant permission for the YMCA to use without limitation or obligation, photographs or other media to promote or interpret YMCA programs.

Signature of Applicant or Parent / Guardian if under 18 years

Date