



REGISTRATION FORM

Barbara Bauer Briggs Family YMCA

Judo

Ages: 6 and up

Registration: \$40 Member/\$45 Community Participant

Classes are every month on Monday and Thursdays from 6:30pm-7:45pm.

Current Barbara Bauer Briggs Family YMCA member? Y N

Participant's Name: _____

Gender M F DOB: _____ Age: _____ Grade: _____ Height: _____

Parent/Guardian Full Name: _____ Parent/Guardian DOB: _____

Primary Phone #: _____ Secondary Phone #: _____

School: _____ Parent/Guardian E-mail Address: _____

Address: _____ City/State: _____

Donate

I would like to donate to the Barbara Bauer Briggs Family YMCA youth sports program to assist a child in need of financial assistance. ___Yes ___No

- Participants must abide by the Barbara Bauer Briggs Family YMCA code of conduct.
- The YMCA has the right to eliminate a participant for misconduct.
- Registration may close once program is full.

Permission for Enrollment and Release of the YMCA of The Golden Crescent from Liability

I give my child permission to participate in Barbara Bauer Briggs Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the Barbara Bauer Briggs Family YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the Barbara Bauer Briggs Family YMCA and its staff members from all liability for any injury, loss, or damage connected in any way whatsoever to participation in YMCA activities whether on or off YMCA's premises. I understand that this release includes any claims based on negligence, action, or inaction of the Barbara Bauer Briggs Family YMCA, its staff, directors, members, and guests. I have read and am voluntarily agreeing to this authorization and release.

Authorization of Emergency Medical Treatment

If my child should become ill or injured during a YMCA activity, I understand that the YMCA will, (1) contact me immediately or, (2) contact the person I have designated as the emergency contact person if I can't be reached. Should the YMCA be unable to reach me, or the person designated, they are authorized to arrange for immediate emergency treatment necessary to insure my child's health and safety. I accept responsibility for payment of medical services rendered.

Photo/Video Release

I grant permission to the Barbara Bauer Briggs Family YMCA to use photographs and videotapes taken of my child for YMCA publication purposes.

I have read and understand the above information. My child has permission to participate in this YMCA Youth Sports Program with the conditions set forth.

Parent/Guardian Signature _____ Date _____

YMCA Staff Use Only:

Amount Paid: _____ Date Paid: _____ Staff Initial: _____