

Tri-Cities Family YMCA 2014

Gymnastics, Cheer & Dance Class / Camp Registration Form

Participant's Name _____ Birth date _____ Age ____

Address	City/Zip
Parents Name:	Home Phone #
Email Address	·····
Emergency Contact: Name	Phone #
Rele	ase and Waiver Liability - Please read carefully
ber of my family participating in th	, I hereby consent to the aforementioned person, me or any member Tri-Cities YMCA Gymnastics, Cheer or Dance programs. I recognize that g permanent paralysis or death can occur in any activity involving height or r or dance and related activities.
safety and protection of my child a by forever release the Tri-Cities Fa	ne express intent of Tri-Cities Family YMCA programs to provide for the and, in consideration for allowing my child(ren) to use these facilities, I heremily YMCA programs, its officers, employees, teachers, and coaches, from and injuries suffered by my child, family member while under the supervitri-Cities Family YMCA programs.
ually provide for the possible futur	Forementioned person or any member of my family, I hereby agree to individe te medical expenses which may be incurred by my child as a result of any or performing for Tri-Cities Family YMCA programs.
This acknowledgement of risk and is signed voluntarily to its content	waiver of liability, having been read thoroughly and understood completely, and intent. I promise not to sue.
l hereby give permission to trained child should sickness or accident o	l medical professionals to administer emergency medical treatment to my ccur in my absence.
I have read, under	stand and agree with the policies and liabilities on this form:
Print Name:	
Signature of Parent or Legal Guard	lian: Date:
	permission to use photographs of my minor child(ren) at the discretion of Tri y include (but not limit to) promotions and advertising used by Tri-Cities
X	Date;
Signature of Parent or	Legal Guardian