



Title	First	Last	Suffix	Gender	Date of Birth
				Male Female	
Race: (optional) _____		School: _____		Grade: _____	
Cell #: (_____) _____			Email address: _____		

Student Lives with: Both Parents Mother Father Other: _____

I agree to participate in the Student YMCA program, to abide by its rules and to represent my family, my school and myself in a positive manner. Also, I verify that the above information is correct.

⊗ Participant's Signature _____ Date _____

Parent Information				Montgomery YMCA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Title	First	Last	Suffix	Gender	Date of Birth
				Male Female	

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: (_____) _____ Cell #: (_____) _____

Email address: _____

Employer: _____ Work Phone: (_____) _____

Parent 2 (complete only if student lives in the same home as Parent 2)

Title	First	Last	Suffix	Gender	Date of Birth
				Male Female	
Cell #: (_____) _____		Email address: _____			

Employer: _____ Work Phone: (_____) _____

In consideration for my child or ward being permitted to utilize the facilities, services and programs of The Young Men's Christian Association of Montgomery, Inc. ("YMCA"), I, on behalf of myself and my child or ward, and his or her heirs, personal representatives, assigns and next-of-kin, do hereby agree to the following:

- I understand that the activities that my child or ward will be engaging in while he or she is in or upon the premises of the YMCA, using any of its facilities, services or equipment, or participating in any YMCA program or activity are inherently risky and potentially hazardous and I, for and on behalf of my child or ward, hereby accept full responsibility for, and risk of, any injury to my child or ward or loss or damage to his or her property that may occur as a result thereof.
- I hereby release, waive and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents (collectively, the "Releasees") from all claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or ward or loss or damage to his or her property that may occur while my child or ward is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participating in any YMCA program or activity.
- I hereby indemnify and hold harmless the Releasees from all loss, liability, damage, or cost they may incur due to my child's or ward's presence in or upon the premises of the YMCA or use of its facilities, services or equipment, or participation in any YMCA program or activity.
 In the event of injury, I hereby authorize the Releasees to provide or cause to provide such medical care and treatment to my child or ward as may be necessary and appropriate. I understand that I am solely responsible for all costs incurred for such medical care or treatment.
 I further understand that if my child or ward fails to abide by the rules and regulations of the YMCA, he or she is subject to removal from the premises of the YMCA and/or removal from participation in YMCA programs and activities without a refund of dues, fees or other amounts paid to the YMCA. I hereby give my permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings which may include my child's or ward's image or voice for the purpose of promoting or interpreting YMCA programs and activities.
 I, as a parent or guardian of the above named minor, hereby give my permission for my child or ward to use the facilities and services of the YMCA and to participate in the programs and activities offered by the YMCA.

I HAVE READ AND VOLUNTARILY SIGN THIS AGREEMENT AND AGREE, INDIVIDUALLY AND ON BEHALF OF SAID CHILD OR WARD, TO BE BOUND BY ITS TERMS.

⊗ Parent's or Guardian's Signature: _____ Date: _____