



# REGISTRATION/RELEASE OF LIABILITY CONSENT FORM

## CHILD/PARTICIPANT INFORMATION:

NAME \_\_\_\_\_ Sex: M F D.O.B.: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## PARENT/ GUARDIAN INFORMATION (exclude information that is the same as child/participant)

Mother/Guardian name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ D.O.B. \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACT (IF PARENT/GUARDIAN CANNOT BE REACHED)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

List Medical Conditions: (Allergies, Illnesses, Health problems/limitations)

Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_

Physician Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

## CONSENT FOR EMERGENCY TREATMENT

In the event I cannot be contacted in a medical emergency involving my child, I authorize the YMCA to consent to all emergency medical care proceedings to be rendered by a duly licensed health care provider or physician including, ordering X-rays, performing tests, administration of drugs or medicines or surgical care to the child. I also authorize the Anaheim Family YMCA to release any medical records necessary for treatment or insurance purposes and to provide or arrange transportation services for my child necessary to provide the emergency treatment. This care may be given under whatever conditions are necessary to preserve the health and safety of the child.

Signature of Parent: \_\_\_\_\_ (Mother/Father/Guardian/Adult Participant) (Circle one)

## PICTURE/LIKENESS/VIDEO RELEASE

I give the Anaheim Family YMCA permission to take and use pictures and/or video and conduct interviews of our child to be used for the purpose of promotion and publicity of the Anaheim Family YMCA.

Signature of Parent: \_\_\_\_\_ (Mother/Father/Guardian/Adult Participant) (Circle one)

## PERSONAL PROPERTY

I understand that any personal property brought by myself or my child to any YMCA facility or event is brought "at my own risk." I expressly release the YMCA and its staff members from all liability for any damage or loss, including theft, of personal property connected in any way to the participation in YMCA activities, whether on or off the premises of the YMCA. I understand that this release includes any claims arising out of the negligence, either by action or inaction, by the YMCA, its staff, directors, members, guests, vendors and contractors.

Signature of Parent: \_\_\_\_\_ (Mother/Father/Guardian/Adult Participant) (Circle one)

**HOUSEHOLD INFORMATION:** The Anaheim Family YMCA receives subsidy funding from a number of sources. As the limited funding dollars becomes increasingly competitive we are required to provide summary statistics to these funding sources to show financial need. We want you to know that the Anaheim Family YMCA views the privacy and confidentiality of your information as a top priority (Please refer to the Client Records Privacy and Confidentiality Policy).

Please complete the information below. It will be a great support to our ability to continue pursuing funding for our programs.

Head Of Household (Relationship) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____ # in household <input type="checkbox"/> Children <input type="checkbox"/> Adults	Please indicate your income level: <input type="checkbox"/> 0-17,000 <input type="checkbox"/> 18,000-23,000 <input type="checkbox"/> 24,000-29,000 <input type="checkbox"/> 30,000-35,000 <input type="checkbox"/> 36,000-41,000 <input type="checkbox"/> 42,000-47,000 <input type="checkbox"/> 48,000-53,000 <input type="checkbox"/> 54,000-59,000 <input type="checkbox"/> 60,000-79,000 <input type="checkbox"/> 80,000+	Please indicate your child's ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American & White <input type="checkbox"/> Other Multi-Racial <input type="checkbox"/> Other: _____
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**Anaheim Family YMCA  
MEMBER  
RELEASE and WAIVER of LIABILITY and INDEMNITY AGREEMENT**

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, not withstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE

Print Name of Participant \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_