



For youth development
For healthy living
For social responsibility

Teen

Gender: M / F Date of Birth: _____ High School Graduation Year: _____

Street Address: _____ City: _____ State: _____

Zip: _____ YMCA Member? Yes / No

Phone: _____ Alt. Phone: _____ Email: _____

*Qualify for a free YMCA Student Membership by actively participating in Teen Center activities.

Teen Center Staff approval required. _____

Teen Center Staff

Date

Parent or Guardian Information

Contact Name: _____ Day/Cell Phone: _____ Email: _____

Contact Name: _____ Day/Cell Phone: _____ Email: _____

Emergency Contact Information

Name: _____ Phone: _____ Relationship: _____

Allergies/ Special medical instructions in case of emergency:

PERMISSION FOR ENROLLMENT AND RELEASE OF THE YMCA OF COLUMBIA-WILLAMETTE (THE YMCA) FROM LIABILITY

PRINT TEEN

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

I have read this form and grant permission for each of my children to participate in all activities provided by the YMCA of Columbia-Willamette (The YMCA).

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____