



For youth development  
For healthy living  
For social responsibility

Teen's LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

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:

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

PRINT TEEN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

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: \_\_\_\_\_