



We build strong kids, strong families, strong communities.

See back side of form

503-825-9622

Teens LAST NAME _____ First _____

M / F _____ Date of Birth _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Alt. Phone _____

Parent or Guardian Information

Contact Name _____ Work Phone _____

Contact Name _____ Work Phone _____

Emergency Contact Information

Name _____ Phone _____

Address _____ Relationship _____

Special medical instructions in case of emergency:

Sherwood Family YMCA Teen Center Transportation Release Form

PRINT TEEN 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 YMCA activities whether on or off the YMCA's premises; and transportation to and from the YMCA in either YMCA vehicles or vehicles contracted by the YMCA. 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 SIGNATURE: _____ DATE: _____