



PARTICIPANT NAME \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/ZIP \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

YMCA MEMBER: YES NO

GENDER: M F

AGE: \_\_\_\_\_ GRADE \_\_\_\_\_  
Age & Grade on September 1, 2009

SCHOOL: \_\_\_\_\_

**PARENT INFORMATION**

**MOTHER'S INFO**

**FATHER'S INFO**

Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Employer \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred Phone \_\_\_\_\_

**In case of emergency, when parents are not available, call**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**WAIVER:** There is no insurance provided. I, the Parent or Guardian of the Applicant, agree that the Mattoon Area Family YMCA and all individuals participating in YMCA Y Zone Program in any capacity, including YMCA staff and volunteers, will not be liable for any causes of actions, claims, and injuries arising out of the participation of the Applicant in Y Zone Program, and I hereby release all said individuals from such claims and liabilities. The under-signed acknowledges that in all programs there are certain risks of physical injuries and all participants participate at their own risk.

**PERMISSION:** I also give permission to the YMCA staff to provide first aid treatment for minor injuries and illnesses. The YMCA also has my permission to photograph or videotape my child while participating in YMCA Youth Sports.

**MEDICAL RELEASE:** I understand that an attempt will be made to contact me in case of sickness, accident or emergency. If I cannot be contacted, in case of emergency, I give permission for my child to be transported (at my cost) to the medical facility and permission to the physician for treatment or tests to the above named child as he/she deems necessary.

Preferred Physician: \_\_\_\_\_

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

Medical Records Located: \_\_\_\_\_

Preferred Clinic/Hospital: \_\_\_\_\_

Date \_\_\_\_\_

**PARENT AGREEMENT**

By signing this I agree to the terms written in the Code of Conduct and I agree to allow my child to participate in the Y-ZONE program. I understand that if my child breaks these rules repeatedly he/she will not be allowed to participate in the Y-ZONE program until my child and I meet with the Executive Director. The YMCA does not offer insurance therefore the YMCA will not be liable for any causes of actions, claims, and injuries arising out of the participation of the applicant in YMCA Youth Programs.

**YOUTH AGREEMENT**

As a youth guest at the Mattoon Area Family YMCA, I have read and understand the Code of Conduct. I understand that it is a privilege to participate in Y-Zone. By signing this code, I agree to follow the rules outlined and understand the consequences should I fail to meet the expected code.

PARTICIPANT: \_\_\_\_\_

Date: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

Date: \_\_\_\_\_

STAFF: \_\_\_\_\_

Date: \_\_\_\_\_

