



Sign-up Mon-Fri. 2-6pm
By November 30th

Youth Center Member: \$35
Nonmember: \$45
Check payable to Youth
Center Inc.

REGISTRATION FORM

Name: _____ Address: _____

Grade in School: ____ Age: ____ Phone: _____

Member \$35.00 Non Member \$45.00 T shirt size _____

Volunteers Needed!!! I wish to volunteer Y N Coach/Assistant Coach email _____

Medical Release: As a parent or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the previous minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Transportation Consent: We the undersigned also give the child permission to be transported by the Youth Center staff or volunteer in a van, bus, or car as part of their participation in the program by whatever means of transportation the Youth Center Inc. deems appropriate.

I have read and agree to the medical release and transportation consent: Parent/Guardian Initials

Family physician: _____ Phone: _____

Video and Audio Release: Indicate by checking the box below if you **do not consent to or authorize the use and reproduction of any and all photographs or video** footage taken of your child for the Youth Center Inc. purposes. Not checking the box below indicates that I understand that I receive no reimbursement for allowing her photograph to be taken or for the use of the photo or video.

I DO NOT allow photographs or video to be taken:

In consideration of gaining membership or being allowed to participate in the activities and programs of the Youth Center and to use its facilities equipment, and machinery in addition to the payment of any fee or charge I do hereby waive release and forever discharge the Youth Center and its officers, agents, employees representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my child's participation an any activities or her use of equipment or machinery in the above-mentioned facilities or arising out of her participation in any activities at said facility. I do also herby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the Youth center or the use of any of the equipment at the Youth center. I agree to adhere to all policies set by the Youth center.

Signature of Parent or Guardian: _____

Please Print: _____

AMOUNT RECEIVED \$ _____ CSH CK SCH Check # _____ Registered by _____