



MISSION VALLEY YMCA

5505 Friars Road, San Diego, CA 92110-2682 Phone: (619) 298-3576 Fax: (619) 298-9262

REGISTRATION FORM - ADULT PROGRAMS

Program _____

Name _____ M ____ F ____ Age ____ Birth Date _____ Home Phone _____

Address _____ City _____ Zip _____ - _____

EMERGENCY INFORMATION

Authorized persons to be called in case of an emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

INFORMATION REQUIRED BY STATE LAW

HEALTH INSURANCE CO. _____

Policy number: _____

FAMILY DOCTOR: _____

Address: _____

Phone: _____

MEMBER OF THE MISSION VALLEY YMCA:

No Yes; as a Family Youth

Expiration Date: _____ Please send more information about YMCA Membership

BRANCH RELEASE/WAIVER FOR YMCA ADULTS

In consideration of being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation in any program, I hereby:

1. Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.
2. Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while I am in or near any YMCA branch.
3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to my presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. The Mission Valley YMCA may use my photos for promotional purposes.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree the balance shall continue in full legal force and effect.

Signature of Applicant Date

Print Name