

TEEN / TWEEN Fitness Program Registration



Mission Valley YMCA * 5505 Friars Road * San Diego, CA 92110 * 619-298-3576

PLEASE PRINT:

Parent's Name(s): _____

Emergency Phone Number(s): _____

Teen/Tween's Name: _____ DOB: _____ AGE: _____

Address: _____
Street City State Zip

Teen/Tween's Physician: _____
Name Phone Number

Limitations: _____

Medications: _____

PARENT'S AUTHORIZATION/WAIVER

Name of Minor _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

In consideration of said minor 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, on behalf of myself (as parent, guardian, coach aide, spectator or participant) 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 such minor is 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 said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of the Releasees or otherwise.
4. I assume full responsibility for any risk of bodily injury, death or property damage due to negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.
6. The Mission Valley YMCA may use my child's photo's 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 that the balance shall continue in full legal force and effect.

Signature of Parent/Guardian _____

Date _____

PLEASE BRING THE COMPLETED
TEEN / TWEEN REGISTRATION FORM
& THE FITNESS ENROLLMENT FORM
TO YOUR APPOINTMENT
ONE FOR EACH CHILD