



# Lock Haven Area YMCA Program Registration Form

Name of Program: \_\_\_\_\_

Session:            Spring            Spring            Summer            Summer            Fall            Fall  
                         Session I            Session II            Session I            Session II            Session I            Session II

## General Information

Name of Participant: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birth Date: \_\_\_\_\_ M/F: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

## Emergency Contact Information

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## Health Information

Please provide all necessary health concerns to ensure the safety of participant.

\_\_\_\_\_

\_\_\_\_\_

## Informed Consent

I understand that YMCA activities have inherent risks and I hereby assume all risks and hazards incident to my participation in all YMCA activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property. I give the YMCA staff permission to administer first aid/CPR for all minor injuries and to seek professional treatment if needed. The YMCA also has permission to photograph me (or my child) while participating in YMCA programs. **Finally by signing this form, I agree to pay the Lock Haven YMCA the specified amount due for participation in the above listed program.**

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

## Office Use Only

Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Receipt: \_\_\_\_\_ Initial: \_\_\_\_\_