



## Waverunners Registration & Waiver Form

YMCA Membership: YMCA Member \_\_\_\_\_ City Resident \_\_\_\_\_ Non Member/Non Resident \_\_\_\_\_

Participant Name: \_\_\_\_\_ Gender: M F

Birthdate: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Age as of Start of Program: \_\_\_\_\_ School: \_\_\_\_\_

T-Shirt Size: YS YM YL AS AM AL AXL

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

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

Medical Conditions: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email: \_\_\_\_\_

Has child participated on a swim team previously? If so, when and team? \_\_\_\_\_

### Waiver and Release

1. I hereby certify that my child is in normal health and is capable of safe participation in the program indicated above. I assume all risks and hazards incidental to the conduct of this program. I hereby authorize the YMCA of Lenawee County to obtain medical treatment for my child in the event that the parent and emergency contact cannot be reached.

2. I hereby release the YMCA of Lenawee County and any associated persons or employees from any claims for any injuries, personal losses, or damage done to personal property while on the premises of either the YMCA of Lenawee County, or properties associated with specific programs of the organization.

3. I agree to indemnify and save harmless the YMCA of Lenawee County from any claims or demands arising out of any such injuries or losses.

4. I authorize the publication of any photography taken for or during this program for the use of promoting or advertising further programs, unless I notify the YMCA of Lenawee County, of my desire to not permit and published photos at the time of registration.

***\*By signing below, I certify that I have read, agree to, and have done all the actions indicated in the five (4) points listed above.***

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

Office use only Date \_\_\_\_\_ Amount Paid \_\_\_\_\_ Staff \_\_\_\_\_