



# Central Douglas County Family YMCA

## Program Fee Payment Due upon Registration

YMCA PROGRAM REGISTRATION / RELEASE FROM LIABILITY

YMCA Member

Community Member

Program \_\_\_\_\_ Time of Program \_\_\_\_\_

Participant's Name \_\_\_\_\_ Sex: M o F o Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

**SPECIAL HEALTH NEEDS/REQUESTS:** \_\_\_\_\_

Please initial to indicate agreement with the following two items:

- I give my permission to the Central Douglas County Family YMCA to use, for publicity purposes, pictures taken of the participant.
- I support the Central Douglas County Family YMCA philosophy, which is based on participation, fun, physical fitness and health, skill building, teamwork, fair play, family involvement and volunteer leadership.

**RELEASE FROM LIABILITY**

In consideration of the right to participate in this Central Douglas County Family YMCA (later referred to as the YMCA) program, I waive the right to any and all claims against the YMCA for damages, losses, or injuries suffered by my participating minor child or by me as a participant that arise from this program, including a release of any claims that may be caused in whole or in part by the negligence of the YMCA, its agents, directors, or employees. On behalf of myself, my spouse, my heirs, executors, or assigns, I hereby agree to assume those risks associated with participating in this program and to hold harmless the YMCA and/or its agents for damages suffered by me or my minor child. I also agree to indemnify the YMCA for expenses (including defense and other costs) associated with any claim of damages, injury, or death arising from my or my minor child's participation in this program.

I hereby certify that the above named participant is in normal health and capable of participation in \_\_\_\_\_ (specific program name). I assume all risks incidental to participation in this program and for transportation to and from the program. I hereby authorize the YMCA to obtain medical treatment for the participant in the event that the adult participant is incapacitated or that the parent/guardian or emergency contact cannot be reached.

I understand that the YMCA does not carry accident insurance on its members or participants. All expenses incurred in the treatment of injuries due to accident will be the responsibility of the adult participant or the minor participant's parents/guardians.

I am a legally competent adult (18 years or older) who is responsible for the above named participant  
I have read and agree with statements 1 thru 4 above.

Signature of Legally Responsible Adult \_\_\_\_\_ Date \_\_\_\_\_

Relationship to participant (circle one): myself my child other \_\_\_\_\_

If mailing your registration, mail to: (Make checks payable to CDCF YMCA)

Central Douglas County Family YMCA  
1151 Stewart Parkway  
Roseburg, OR 97470

For Office Use Only: Receipt # \_\_\_\_\_ Receipt Date: \_\_\_\_\_ Clerk Initials: \_\_\_\_\_ Total: \$ \_\_\_\_\_