



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2014 Martial Arts/Karate

() Members: \$25 () Non-Members: \$35

Participant Name: _____

Age: _____ Birthdate: _____ Gender: ()M ()F

Parents' Names (if under 21): _____

Mailing Address: _____ City _____ Zip _____

Home Phone #: _____ Cell Phone #: (mom) _____ (dad) _____

Emergency Contact: _____ Phone #: _____

Email Address _____ **Your email address will be used to communicate program information

List any medical conditions or restrictions (such as asthma): _____

Schedule: Classes will be held on Wednesdays (in the gym) and on Fridays (in the aerobics room) from 6pm-7:30pm

Image Statement: I authorize the YMCA to use my child's photograph or likeness in printed materials.

Medical Statement: In the event of an emergency, I authorize the YMCA staff to provide any first aid care deemed necessary for my child. If my child needs to be transported to the hospital, I hereby authorize his or her health record to the hospital.

Your Personal Check is Welcome Here: If your check is returned, it may be collected electronically and you will assessed a minimum fee of \$30 (or the maximum amount allowed by law.) Check writers are also responsible for all other collection costs.

Informed Consent: I understand the YMCA activities have inherent risks and I do 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 participation in YMCA activities.

By signing below I am acknowledging that I have read the above information and agree to the terms and conditions set forward.

Signature: _____ Date: _____