

BAINBRIDGE YMCA  
YOUTH PROGRAM REGISTRATION FORM

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ Zip \_\_\_\_\_ Ethnicity: Caucasian African-American Hispanic Other

PHONE \_\_\_\_\_ Cell \_\_\_\_\_ Parent Email \_\_\_\_\_

YOUNG MEN'S CHRISTIAN ASSOCIATION OF BAINBRIDGE GEORGIA, INC.,  
RELEASE/WAIVER FOR YMCA YOUTH

I the undersigned parent/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. If the minor is enrolled in a designated program, the parent/guardian deems that the minor is physically able and mentally prepared to participate in the activity.

In consideration of said minor being permitted to enter any facility of YOUNG MEN'S CHRISTIAN ASSOCIATION OF BAINBRIDGE GEORGIA, INC. (the "YMCA") for observation, use of facilities and /or equipment, or to participate in any program, I (as parent, guardian, coach, aid, spectator or participant) hereby:

1. Release the YMCA, its directors, officers, employees, agents and volunteers (collectedly "Releasees:") from all liability to me or to my minor child or ward named above 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 the YMCA facilities or participating in YMCA activities at other locations.
2. I covenant not to sue Releasees for any loss, damage, injury or death suffered by the above named minor 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 YMCA's facilities, whether caused by the negligence of Releasees or otherwise.
3. I assume all responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees.
4. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in gymnastics activities and events.
5. I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with participation in YMCA activities and events.
6. 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 in the State of Georgia and 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.
7. I verify that lifting weights poses inherent risks to my child, including damage to bones, joints, muscles, ligaments, and tendons. I release the BAINBRIDGE YMCA, its employees and governing bodies from all liability of damage to my child. My child has agreed to abide by the YMCA Wellness Center/Weight Room Policies and procedures.
8. I give the BAINBRIDGE YMCA permission to take pictures of my child in his /her daily activities associated with the BAINBRIDGE YMCA and use them in publications such as but not limited to: The Newspaper, Facebook, Newsletter and flyers.

I intend this document to be as broad and inclusive as is permitted by the law of the State of Georgia: If any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

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