

MULTI-PROGRAM FORM

Program Name _____

Participant Name _____ M/F Age Grade _____

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Primary Phone # _____ Alternate Phone # _____

Email (for important program information) _____

Emergency Contact

Name (other than parent) _____ Relationship _____

Primary Phone # _____ Alternate Phone # _____

T-Shirt Size: YS, YM, YL, S, M, L _____

NOTES: Days can't practice, requests, etc.

Authorization for Pictures

The Lincoln Area YMCA has my permission to use pictures of me and/or my child in advertising and information packages. **Failure to circle either choice automatically provides authorization.**

Yes _____ No _____

Release of Liability

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities.

Parent/Guardian Signature _____ Date _____

Authorization for Medical Treatment for Minors

If my child should become ill or injured at any Lincoln Area YMCA programs and/or activities, I understand that the staff/volunteers will (1) try to contact me immediately. (2) If I cannot be reached, the YMCA will contact the emergency person listed on the registration form. Should the emergency contact or myself be unavailable, the Lincoln Area YMCA staff/volunteers are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Parent/Guardian Signature _____ Date _____

Limitations and Medical Information

Allergies/Medication/Limitations _____

Preferred Physician/Phone # _____

Insurance Company/Group #/Expiration Date _____

PROGRAM FEES:

Membership Fee : _____

Program Fee: _____

• Member _____

• Non-Member _____

Late Fee: _____

Session Date (s): _____ Session Time (s): _____

Fees are Non-Refundable and Non-Transferable

How did you hear about this program?

Office _____ YMCA Catalog _____

Website _____ Email _____

Friend _____ Facebook _____

Other _____

Would You Like to Volunteer? Y N

Total Fees Paid For Office Use Only:

Total Paid: \$ _____

Cash Receipt #: _____

Check / Money Order #: _____

Charge Card #: _____

Card Exp. Date: _____

2012 Y Member : Yes (Date: _____) No

Scholarship Application : Yes No

Additional Participants _____