



Program Registration for the Clearfield YMCA

Program _____ Participants Name _____

D.O.B. ___/___/___ Age ___ Sex ___ Shirt Size: YS YM YL YXL AS AM AL AXL

Address _____ City _____ Zip _____

Phone(_____) _____ Email _____

Parent Name _____ Emergency Phone(_____) _____

Please list any allergies/dietary restrictions/health concerns _____

Release and Waiver of Liability

Liability—I understand that the Clearfield YMCA assumes no responsibility for injuries or illnesses which I or any member of my family may sustain as a result of physical condition resulting from participation in any athletic activities, sports program, the use of any equipment, exercise or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my or my family’s participation in these activities. I hereby release and discharge the Clearfield YMCA, its agents, and employees from any and all claims for injury, illnesses, death, loss, or damage, which I, or any member of my family may suffer as a result of my or my family’s participation in these activities. _____ **Initial**

Photo Talent Release—I give permission to the Clearfield YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my or my family’s image(s) or voice(s) for purposes of promotion or interpreting YMCA programs. _____ **Initial**

*Anyone that appears on the Sex Offender Registry is not allowed in our facilities. _____ **Initial**

SIGNATURE _____ **DATE** _____
(Of parent or guardian if under 18 years of age)



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