

# YMCA OF ARLINGTON

## TEEN PROGRAM PARTICIPATION FORM

Teen's Name	Gender	Date of Birth	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
Teen's Address	City	State	ZIP
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Parent/ Guardian's Name			
<input style="width: 95%;" type="text"/>			
Address	City	State	ZIP
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Driver's License #	Home Phone #	Cell Phone #
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Place of Employment	Work #	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Parent/ Guardian's Name			
<input style="width: 95%;" type="text"/>			
Address	City	State	ZIP
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Driver's License #	Home Phone #	Cell Phone #
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Place of Employment	Work #	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	

Emergency contact if Parents cannot be reached	Relationship	Phone #
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Transportation (required for participation)

I hereby give my consent for my child to be transported by the YMCA on designated pre-scheduled Teen Activities

Parent's Signature \_\_\_\_\_

Water Activities (required for participation)

I hereby give my consent for my child to participate in designated pre scheduled water activities.

Parent's Signature \_\_\_\_\_



**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event that I am unable to be contacted to make arrangements for emergency medical attention, I authorize the Teen Program Director or designated person in charge to take my child to:

Name of Licensed Physician	Address	Telephone

Name of Hospital or Clinic	Address	Telephone

I give consent for necessary and emergency treatment when my child is in the care of this physician and or clinic or hospital.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

**YMCA OF ARLINGTON RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

*In consideration for being permitted to utilize the facilities, services, and programs of the YMCA of Arlington for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated programs have been inspected and considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.*

**IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA OF ARLINGTON FACILITIES, SERVICES, AND PROGRAMS FOR ANY REASON, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA OF ARLINGTON, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:**

- 1. The undersigned hereby releases, waives, discharges and covenants not to sue the YMCA of Arlington, its directors, officers, employees, and agents ("the releasees") from all liability to the undersigned, his or her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA of Arlington, without respect to location.*
- 2. The undersigned hereby agrees to indemnify and save and hold harmless the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA of Arlington or participating in any program affiliated with the YMCA of Arlington, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.*
- 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE DUE TO NEGLIGENCE OF RELEASEES OR OTHERWISE while in, about, or upon the premises of the YMCA of Arlington and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Arlington.**
- 4. The undersigned further assumes full responsibility for any lost or stolen items while in, about, or upon the premises of the YMCA of Arlington and/or while using the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA of Arlington.*
- 5. The undersigned gives permission to the YMCA of Arlington to use photographs, film footage, or tape recordings which may include their own image (or family members) or voice for purposes of promoting YMCA programs.*
- 6. The undersigned understands that YMCA membership dues and program fees are not deductible as charitable tax contributions.*

*The undersigned further expressly agrees that the forgoing release, waiver, and indemnity agreement cannot be altered in any way, and is intended to be as broad and inclusive as is permitted by the law of the state of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.*

*The undersigned has read and voluntarily signs the release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.*

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
/ /  
date participant's signature

\_\_\_\_\_  
printed name

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
/ /  
date parent or guardian's signature  
(if participant is legally a minor)

\_\_\_\_\_  
printed name

Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_

Phone Number \_\_\_\_\_