



REGISTRATION FORM



MISSION STATEMENT

To put Judeo-Christian principles into practice through programs that build healthy spirit, mind and body for all."

Returning Parents: Please highlight any changes from the previous season so your file can be changed accordingly.

Name:			
Practice Group Registering For:			
Address:			
Phone Number:		Birth Date:	
E-Mail:		Previous Team:	
School District:		Grade:	
Father's Name:		Mother's Name:	
Address:			
Home Phone Number:		Cell Phone:	
Emergency Contact #1:		Phone Number:	
Address:			
Emergency Contact #2:		Phone Number:	
Address:			
Medical Concerns:			
Medications:			
Other Concerns Staff Should Be Aware Of:			
Medical Insurance:		Policy Number:	

YMCA Release and Waiver of Liability

You have registered you/your child for a YMCA class that involves physical activity and the completion of this form is required

This document is a release of claims, and by signing it you do the following:

1. Acknowledge that when performing the physical component of this class you/your child may suffer injury.
2. Present to the Central YMCA Aquatic Staff that you are/your child is in good health and physical condition, sufficient to engage in such activities and that you/your child are not suffering from any condition that would prevent you/your child from engaging in such activities or that make your/your child's participation in such activities potentially dangerous or harmful to you/your child.
3. Assume the risk of, and release and hold the Central YMCA harmless from, any liability for physical or other injury that has been suffered by you/your child during, or as a consequence of, participation in the physical activities required in the curriculum of this course and you agree that the Central Branch YMCA, nor any other person involved in organizing or teaching this course, shall have any liability or responsibility for any such injury or harm.
4. I support the YMCA mission and understand that all YMCA programs are based on participation, fun, physical fitness and personal wellness, skill development, teamwork, fair play, family involvement, volunteerism, and character development. Furthermore, I authorize the YMCA to photograph or video tape my child and understand that all photos and video footage may be used for publicity purposes.

I have read, understand and affirm that I am/my child is in good health and physical condition and am signing this of my own free will. I agree to all of the foregoing.

Parent/Guardian Signature		Date	
Return to Kris Danner, Aquatic Office			
YMCA of Reading & Berks County, P. O. Box 1622, 631 Washington St., Reading, PA 19603			