



**Freeman Southwest Family YMCA
Program Registration Form
Summer 2008**

4701 Chouteau Av.
Neosho, MO 64850
Phone: 417-455-9999
Fax: 417-455-9998
Website: www.ymcaswmo.org

I understand that the Freeman Southwest Family YMCA assumes no responsibility for injuries or illnesses which I may sustain as a result of my physical condition or resulting from my observation or participation in any activity or use of the facilities or equipment used for YMCA activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the Freeman Southwest Family YMCA, its agents, servants and employees from any and all claims of injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.
Property Loss: I understand that the YMCA is not responsible for personal property lost, damaged or stolen while members and/ or program participants are using the YMCA facilities or are on the YMCA program premises. I have read and voluntarily signed this waiver and release from liability.

Signature of parent/guardian/ or participant _____ Date _____

Activity/ Program		Member or Community Participant (Circle one)	Membership Number		Fee	Cash Check Credit Card (circle one)
Location of Activity					Staff Initials	
Participant's Name (First, MI, Last)			Name of Adult interested in coaching			T-shirt Size
Street Address			City	State	Zip	
Date of Birth (Youth)	Grade 2008-09	School	Age	Sex (M/F)	Phone	Other Phone
Does the participant have any special limitations of which we should be aware?			Parent/ Guardian Name			Work Phone
			Emergency Contact			Phone

Bring A Friend For A Free Week

Name: _____
Address: _____ phone number _____
Emergency Contact: _____ phone number _____
Guest of: _____

One free pass per person please

I understand that the Freeman Southwest Family YMCA, (known as YMCA here forward) its officers, agents, and employees, assume no responsibility for injuries or illnesses that I may sustain, as a result of my physical condition, while observing or participating in YMCA activities or while using any facilities or equipment during YMCA activities. I understand that the YMCA shall not be responsible for personal property lost, damaged or stolen while I, any other authorized user of my membership, or any other program participants use YMCA facilities or are on YMCA program premises.

I understand that all exercises may not be suitable for me, and that participation in any exercise program may result in injury and even death. I understand that I should consult my doctor before beginning an exercise program to help reduce the risk of injury.

I understand that any instructions or advice presented by the YMCA or members of the YMCA staff are in no way intended to be a substitute for professional medical counseling. I authorize emergency medical treatment if it becomes necessary.

Therefore, I expressly acknowledge, on behalf of any successors or heirs, that I assume the risk for any and all injuries or illnesses that my result from my observation of, or participation in, YMCA activities and I HEREBY RELEASE, DISCHARGE, AGREE TO INDEMNIFY AND HOLD HARMLESS THE YMCA, ITS OFFICERS, AGENTS, SERVANTS AND EMPLOYEES FROM ANY AND ALL CLAIMS, DAMAGES, LIABILITY, OR LOSSES FOR PERSONAL INJURY, ILLNESS, DEATH OR PROPERTY DAMAGE (INCLUDING THE THEFT/LOSS OF PERSONAL PROPERTY) THAT I OR ANY OTHER AUTHORIZED USER OF MY MEMBERSHIP MAY SUSTAIN OR SUFFER AS A RESULT OF, OR WHILE PARTICIPATING IN, OR WHILE OBSERVING YMCA ACTIVITIES, REGARDLESS OF THE NATURE OR CAUSE OF ANY SUCH CLAIM, DAMAGE, LIABILITY, OR LOSS.

ACCEPTANCE. This waiver and release is given for myself and on behalf of the minor members of my family listed, if any. I acknowledge the conditions for membership stated above. If any portions of this waiver are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this agreement.

Signature of Guest/Parent/Guardian

Date