



925 North Hermitage Rd.
Hermitage PA, 16148

Youth Programs Registration Form

Each child only needs to fill out one form regardless of how many programs they participate in.

Child's Name: _____ Sex: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternate Phone: _____

Mother's Name: _____ Father's Name: _____

The YMCA mission is to put Christian principles into practice through programs that build healthy spirit, mind and body for all. The YMCA does everything possible to ensure that each participant has a good experience while participating in our youth programs. We welcome your comments and suggestions as a way to improve our programs and classes. Thank you for your continual support.

Shenango Valley YMCA Youth Program Release, Waiver Liability & Indemnity Agreement

My child has doctors permission to participate in YMCA activities/membership. I/we fully understand the potential risks involved with my child's participation in this program. In the event that a medical emergency should occur I/we hereby give permission for my child to receive emergency medical treatment.

I/we hereby release, waive, discharge and agree to indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from any loss, liability, damage, or any cost including any claim or demands therefore on account of any injury to my child or damage to my child's property while my child is upon the YMCA premises, or observing or using any facilities or equipment of the YMCA or participating in any YMCA program.

I/we hereby consent to having photographs/video images taken of my child by a YMCA staff member or a professional approved by the YMCA and the use of such visual images at the discretion of the YMCA. I/we hereby release the YMCA, its directors, officers, employees and agents from any and all liability, which may arise from taking or the use of such photographs/images. All negatives, positives, prints, or other visual images shall remain property of the YMCA.

I/we have read and voluntarily sign this release and waiver of liability on behalf of my child. I/we further agree to follow YMCA Safety Policies and Procedures along with the Program Rules and Regulations. Failure to do so may result in expulsion from the YMCA and its programs. I/we have read and understand the YMCA Refund Policy on programs/memberships.

_____	_____	_____
PARTICIPANT NAME	AGE	DATE
_____	_____	_____
MOTHER/ LEGAL GUARDIAN	SIGNATURE	DATE
_____	_____	_____
FATHER/ LEGAL GUARDIAN	SIGNATURE	DATE
_____	_____	_____
WITNESS SIGNATURE	DATE	

The reason our membership/program cost is so reasonable is in part due to funding from the United Way and other organizations. Many of these organizations request the following information in order to continually provide funding. The information below is kept private and confidential. Survey information will be provided in a group excluding names.

Please to help us keep our costs low by answering the following:

Ethnicity:

White/Caucasian Black/African American Hispanic//Latino Asian Other

Marital/Children status:

Married with children Married, no children Single female, with children Single male, with children Single no children
 Other

Employment status:

Employed Unemployed Retired Unknown

Household income:

\$11,999 or under \$12,000 to \$14,999 \$15,000 or \$24,999 \$25,000 to \$49,999 \$50,000 or above Unknown

Membership type:

Adult Youth Youth/Young Adult Senior Family One Parent Family Military Financial Aid Non-Member