



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Youth Wellness Orientation Registration

Participant Name _____

Age ____ DOB ____/____/____ Male__ Female__

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Emergency Contact _____

Phone: _____

Please Select Preferred Session:

Session III: June 1 & 3 1pm-3pm

Session IV: June 11 & 18 12pm-2pm —

Session V: June 15 & 17 1pm-3pm

The Hopkins County Family YMCA does not provide accident or medical insurance for members. I recognize that participation in YMCA sponsored activities may expose myself to risk of injury. I agree to hold the YMCA harmless from any claims, which may occur through participation in any activity at the YMCA or in its programs. In cases of emergency or accident and I am unable to be contacted, I hereby grant the YMCA director or his/her agent to secure proper medical treatment and transportation for myself to an appropriate facility for treatment. As a YMCA participant, I authorize the Y to use any images taken of myself for promotional purposes of the Y. I have read and understand the above information.

Parent/Guardian Signature: _____ **Date** _____