

SPORTSWORLD

We build strong kids, strong families, strong communities.

SPORTS REGISTRATION FORM

SPORT: _____ PLAYER DOB: _____ / _____ / _____ M F
NAME: _____ PARENT/GUARDIAN: _____
HOME PHONE: _____ CELL/PAGER: _____
WORK NUMBERS: MOTHER _____ FATHER _____
ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
EMERGENCY NAME & PHONE: _____
LIST ANY SPECIAL HEALTH CONCERNS: _____

As legal guardian of _____, I recognize that potential severe injuries, including but not limited to permanent paralysis or death can occur in sports or activities involving height or motion, including but not limited to gymnastics, tumbling, trampoline, skating, roller hockey, cheerleading, ball sports and rock climbing. Being fully aware of these dangers, I voluntarily consent to the aforementioned person participation in any and all YMCA Sportsworld programs and activities and accept all risks associated with that participation.

THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA of the Treasure Coast, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his person representatives, assigns, heirs, and next of kin for any loss or damage, and any claim therefore on account of injury to the person on property or resulting in death of 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 participation in any program affiliated with the YMCA, without respect to location.

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 any way observing or using any facilities or equipment of the YMCA or participation in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

In the event of an emergency I would like my above mentioned child to be taken to a hospital for medical treatment and I hold YMCA Sportsworld and its representatives harmless in their execution of this action.

THE UNDERSIGNED HAS READ, UNDERSTOOD AND VOLUNTARILY SIGNS THE ACKNOWLEDGEMENT OF RISK and WAIVER OF LIABILITY.

IN THE EVENT YMCA SPORTSWORLD CANCELS LEAGUE PLAY, REFUNDS WILL BE ISSUED IN 'Y' DOLLARS. NO OTHER REFUNDS WILL BE ISSUED.

PARENT/PARTICIPANT SIGNATURE: _____ DATE: _____