

Signature of Parent/Guardian

YMCA Youth Fitness Orientation Registration Form

How did you hear about the event? □ Facebook □ Instagram □ Website □ Newspaper □ TV/Radio □ Other:

Name:	Birth Date:	Age (At time of event):	Gender:	
Address:	City:	State:	Zip:	
Phone:	Email:			
Emergency Contact Name:		Phone:		
Please list any medical conditions that we should be aware about?				

Agreement

- I hereby certify that I/my child is in normal health and capable of safe participation in the YMCA programs. I assume the risks
 and hazards incidental to the conduct of the program. I hereby authorize the YMCA to obtain medical treatment for myself/my
 child in the event of an emergency.
- I give the YMCA of Parkersburg permission to take and use photos/videos/audio/and other visuals of myself/my child during the Youth Training Program for all of the YMCA's promotional purposes. This includes, but not limited to TV promotion, newspaper ads, the YMCA's website/social media pages, etc.
- I support the YMCA philosophy, which is based on participation, fun, physical-fitness and health, skill development, teamwork, fair play, family involvement, and volunteer leadership, and will abide by the YMCA Code of Conduct.
- The YMCA is not responsible for accidents or injuries to participants while competing.

Signature of Participant	Date			
A parent/guardian signature is ALSO required.				

YMCA OF PARKERSBURG • ACTIVITIES AND SPORTS 1800 30[™] STREET PARKERSBURG, WV 26104 P (304) 485-5585, Ext 223 • F (304) 485-5590 WWW.PARKERSBURGYMCA.ORG Date