

SOUTH BAY FAMILY YMCA
IT'S FOR EVERYBODY



OFFICE ONLY
Mbr # _____
Staff Initials: _____
Date: _____

We build strong kids, strong families, strong communities.

YOUTH/TEEN PARTICIPANT FACILITY RELEASE

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Phone: (_____) _____

Birth date: _____ Age: _____ Email: _____ Male Female

THE FOLLOWING INFORMATION WILL BE USED TO BEST SERVE THE PARTICIPANT

Are there any physical/ developmental needs that may affect activity? Yes No

If yes, please explain:

Any medications taken on a regular basis? Yes No

1: _____ for _____

2: _____ for _____

3: _____ for _____

Parent/Legal Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Parent/Legal Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

EMERGENCY CONTACT Name: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

PLEASE TURN OVER AND SIGN WAIVER

YMCA OF SAN DIEGO COUNTY MEMBER/PARTICIPANT ETHNICITY TRACKING TOOL (OPTIONAL):

This voluntary information will be used for statistical purposes in order to enable our YMCA to provide quality services to our community members.

- White/Caucasian Black/African American Hispanic/Latino Native American Asian/Pacific Islander
 Arab/Middle Eastern Multi Cultural Other _____

PRIMARY LANGUAGE: English Spanish Other _____

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)
COMUNICADO DE SUCURSALES - REGLAS / RENUNCIA PARA LOS JÓVENES
(MENORES) DE LA YMCA

Name of Minor / Nombre del menor _____

I, the undersigned parent/person having legal custody/guardianship of the above said minor, give permission for the minor to participate in all YMCA programs. The minor is physically able and mentally prepared to participate in all activities as described in the announcement for the program.

Yo, el padre / persona responsable de la custodia legal / guardián del menor mencionado anteriormente, doy permiso para que el menor participe en todos los programas de la YMCA. El menor está física y mentalmente preparado para participar en todas las actividades descritas en el anuncio de este programa.

In consideration of said minor being permitted to enter any branch of the YMCA of San Diego County ("YMCA") for observation, use of facilities and/or equipment, or participation of the above in any program, I, on behalf of myself (as parent, guardian, coach aide, spectator or participant) hereby:

En consideración de haber permitido al menor mencionado el entrar a cualquier sucursal de la YMCA del Condado de San Diego ("YMCA") para observación, uso de las instalaciones y/o del equipo o participar en cualquier programa, Yo en mi nombre (como padre, guardián, ayudante de entrenador, espectador o participante) declaro que:

Acknowledge that (i) I have read this document, (ii) I have inspected the YMCA facilities and equipment, (iii) I accept them as being safe and reasonably suited for the purposes intended, and (iv) I voluntarily sign this document.

1. Reconozco que (i) he leído este documento, (ii) he inspeccionado las instalaciones y el equipo de la YMCA, (iii) los acepto como seguros y razonablemente adecuados para los propósitos con que fueron hechos, y (iv) voluntariamente firmo este documento.

Release the YMCA, its directors, officers, employees, and volunteers (collectively "Releasees") from all liability to me for any loss or damage to property or injury or death to person, whether caused by Releasees or otherwise and while such minor is in or near any YMCA branch.

2. Libero a la YMCA, sus directores, oficiales, empleados y voluntarios (colectivamente "liberados") de toda responsabilidad para mí por cualquier pérdida o daño a la propiedad o lesión o muerte a mi persona cuando sea causado por los "liberados" y esté cerca o en cualquier sucursal de la YMCA.

3. I agree not to sue Releasees for any loss, damage, injury or death described above and I will indemnify and hold harmless Releasees and each of them from any loss, liability, damage or cost they may incur due to said minor's presence in, upon or near the YMCA branch; whether caused by the negligence of the Releasees or otherwise.

3. Convengo en no demandar a los "liberados" por cualquier pérdida, responsabilidad, daño o muerte descrita anteriormente e indemnizaré sin daño a los "liberados" y cada uno de ellos de cualquier pérdida, responsabilidad, daño o costo en el que ellos pudieran incurrir debido a mi presencia dentro, sobre o cerca de la sucursal de la YMCA; ya sea causado por negligencia de los "liberados" o de otra manera.

4. I assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.

4. Asumo toda la responsabilidad por cualquier riesgo, herida, muerte o daño a la propiedad debido a la negligencia de los "liberados" o de otra manera.

5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, to any x-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under general or special supervision of, any physician and surgeon licensed under the provisions of the California Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of the physician or at the hospital. I understand that the YMCA is not responsible for costs incurred for medical care.

5. Autorizo a la YMCA como agente del suscrito, y doy mi consentimiento con respecto al menor mencionado para que sea examinado con Rayos X, sea tratado en forma médica, dental o anestésicamente, sea valorado en diagnóstico quirúrgico, así como que sea atendido con cuidados hospitalarios en caso de ser necesario, que le den atención médica bajo el cuidado y la supervisión de cualquier médico o cirujano con licencia bajo el amparo del Acto de Práctica Médica de California (California Medical Practice Act) del personal de cualquier hospital en el que sea diagnosticado o tratado, ya sea en el consultorio del médico o en el hospital. Entiendo que la YMCA no es responsable por los costos derivados de atención médica.

I intend this document to be as broad and inclusive as is permitted by the laws of the State of California; if any portion hereof is held invalid, I agree that the balance shall continue in full legal force and effect.

Comprendo que este documento es tan amplio e incluye todo lo que permiten las leyes del Estado de California; si cualquier parte fuera considerada inválida, estoy de acuerdo que el resto continúe con todo su efecto y fuerza legal.

Date/Fecha _____

Signature of Parent-Guardian/ Firma Del Padre-Guardián

Print Name/ Nombre Por Escrito

PHOTOGRAPHIC WAIVER/CONSENT

I, _____ give my permission to the YMCA of San Diego County (YMCA) to use my picture or other likeness, or a picture or other likeness of any of my children, specifically, _____, in the YMCA's general publicity and campaign materials.

Signature _____ Date _____ Address _____