YWCA at the Gateway
Child Program Registration Form

Child's Name: _____ Member: _____ Non-member:_____
Last First

Program Name__Group Swimming Lessons_____ Program Time / Day _____

Address: _____
Street City Zip Code

Date of Birth: _____/_____ /_____ Age _____ Male_____ Female_____ Height: _____ Weight: _____

School: _____ Grade: _____

Please indicate T-Shirt size: (circle one) YS YM YL AS AM AL AXL

Mother/Guardian: _____ Home Phone: _____ Cell Phone: _____

Father/Guardian: _____ Home Phone: _____ Cell Phone: _____

Email: _____

Emergency Contact: _____ Home Phone: _____ Cell Phone:_____

If your child has any allergies, asthmatic conditions or any other conditions in which the YWCA should be aware of, please list:

_____

RELEASE AND WAIVER OF LEGAL LIABILITY

By signing below, I agree to follow the rules and policies of the YWCA. I authorize the YWCA to obtain medical care in the event of any injury or accident if a family member is unavailable to give permission. I understand that YWCA memberships are non-transferable. My signature confirms the following waiver: The YWCA is not responsible for any injury or loss of property suffered while participating in YWCA activities, using YWCA equipment, or on YWCA premises, for any reason whatsoever, including ordinary negligence on the part of the YWCA, its board, employees, instructors, or agents. In consideration for my family's and my ability to use the YWCA for fitness activities, I hereby release and covenant not to sue the center, it's board, employees, instructors, or agents, from any and all present and future claims resulting from my participation in YWCA activities both present and future, that may be made me, my family, estate, heirs, or assigns. I represent that I am in good health. I am aware that health and fitness activities may range from vigorous cardiovascular activity to the exertion strength training and that these, and other activities at the YWCA involve certain risks, including but not limited to death, disability, serious neck and spinal injuries resulting in complete paralysis, heart attacks, and injury to bones, joints or muscles. My family and I are voluntarily participating in YWCA activities with full knowledge of the inherent risks of property damage, personal injury or death. I understand that the YWCA encourages me to consult a physician before beginning any exercise program. I consent to be photographed and to allow YWCA's use of any photos of myself and/or my minor child at its sole discretion. I understand this waiver to be as broad and inclusive as the laws of the state of North Carolina will permit and affirm that I am of legal age to and am freely signing this waiver. I have read this waiver and fully understand the terms of this waiver. I agree to comply with the rules and regulations of the YWCA of Winston-Salem.

Having read, understood, and agreed with these terms, I have executed this release, to be effectively immediately.

_____ _____
Parent/Guardian Signature **Date**

For Office Use Only:
Date Registered: _____/_____/_____ Amount Paid: _____ Registered By: _____