



Fort Walton Family YMCA

1127 Hospital Road FWB, FL 32547 • 850-863-9622 • Fax 850-862-7905

Tee Ball Camp

Ages: 4-6 years old

March 27 & 28 Saturday & Sunday

Time: 8:30am to 10:00am

COST: \$40 All Participants



Contact:
Glen Coffee for info.
1-850-863-9622
gcoffee@ecymca.org

Learn the Fundamentals of the Game • Character Development • While Having Fun!!

Player Name:		Male:	Female:
Street Address:		Age:	DOB:
City:		State:	Zip:
Parent/Guardian Name:		Email:	
Home Phone:		Business Phone / Other:	
Emergency Contact:		Phone:	
YMCA Member <input type="checkbox"/> Yes <input type="checkbox"/> No	I would like to volunteer <input type="checkbox"/>		

"I, the parent/guardian of a participant under the age of 18, authorize my child to participate in a YMCA program located at a branch of the YMCA of Florida's Emerald Coast, Inc. In choosing to allow my child to participate in the YMCA programs, including the use of its facilities, equipment and machinery, I do hereby waive, release, and forever discharge the YMCA of Florida's Emerald Coast, Inc. and all its branches/locations, and all its officers, agents, employees, representatives, executors, contracted personal trainers, and all others from any and all responsibilities or liability from injuries or damages resulting from my child's participation. I understand that there are risks with any type of program or activity, and have consulted with my child's physician before enrolling him/her into this program. I hereby certify that my child is in normal health and capable of participating in a YMCA program/activity.

If emergency medical care is deemed necessary, and I cannot be contacted, I authorize the YMCA staff to act on my behalf in granting permission for my child to receive emergency treatment or surgery. In such a situation, I authorize medical personnel to perform the emergency procedures required. In the case of minor injuries, our YMCA Staff are trained in basic first aid. I give permission to the YMCA Staff to utilize normal first aid procedures if my child requires it.

I have read and accept the information in its entirety and agree as the parent/guardian of the program participant to grant permission for the child to participate in the program/activities provided by the YMCA of Florida's Emerald Coast, Inc./Waiver Form.

I also grant the YMCA permission for photographs or video of myself or my child participating in any YMCA program/activity to be used by the YMCA association, whether locally or nationally, to help promote YMCA programs/activities."

Office Use Only:

Date Pd: _____

Amt: _____

Receipt: _____

Signature: _____ Date: _____

"We Build Strong Kids, Strong Families, Strong Communities"