YMCA OF FLORIDA'S EMERALD COAST, INC.
SMALLEST WINNER REGISTRATION FORM

Participants Name _____ Gender M F Birth date____/____/____ Age____
Last First MI

Address_____ Home Phone_____
Street City State Zip

Email address _____Alternate Phone_____

Emergency Contact_____ Phone_____/_____
Home Work

Relationship _____

PARENT/GUARDIAN INFORMATION (If under 18)

Parent/Guardian_____ Phone_____/_____
Home Work

Employer_____ Work Phone _____

In the case of minor injuries, our YMCA staff is trained in basic first aid. Does the YMCA staff have your permission to utilize normal first aid procedures if you/your child requires it? YES NO

MEMBERSHIP WAIVER:

I, the participant or parent/guardian of a participant under the age of 18, am choosing to participate (or authorize my child to participate) in membership or programs/activities located at a branch of the YMCA of Florida's Emerald Coast, Inc. 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 of its branches and its officers, agents, employees, representatives, executors, contracted personal trainers, and all others from any and all responsibilities or liability from injuries and damages resulting from my (or my child's) participation. I understand that there are risks with any type of exercise program, and have consulted with my physician before committing myself to any of the programs/activities located at a branch of the YMCA of Florida's Emerald Coast, Inc. If applicable, I hereby certify that my child(ren) is/are in normal health and capable of participating in a YMCA program activity. I understand that the YMCA of Florida's Emerald Coast, Inc. and its branches are not responsible for personal property lost or stolen while members and/or program participants are using any of the YMCA of Florida's Emerald Coast, Inc. facilities or on YMCA premises. I have read and accept the information provided in its entirely and accept these policies as the participant (or parent/guardian of a participant under the age of 18) in a program/activity provided by any branch of the YMCA of Florida's Emerald Coast, Inc.

Signature_____ Date _____

I understand that all fees are due in advance of participation in any YMCA program/activity and are non-refundable. Monthly program fees are due and payable prior to the start of the program/activity. I grant the YMCA permission for photographs or video of myself or minor child participating in YMCA association, whether locally or nationally, to help promote YMCA programs/activities. I have read and accept the information provided in its participant in a program /activity provided by the YMCA of Florida's Emerald Coast, Inc.

Signature_____ Date_____

BRANCH:

☐ Crestview Family YMCA

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Program Start:
March 13 – April 30, 2010

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PLAYER T-SHIRT

☐ Adult Small
☐ Adult Medum
☐ Adult Large
☐ Adult X Large
☐ Adult XX Large

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PROGRAM FEE: Please Check

☐ **Members $50.00**
☐ **Non Members $100.00**

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TEAM COACH – Please Check

Todd Hunter: _____

Cheyenne Hewitt: _____

Carla Steele: _____

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FOR OFFICAL USE ONLY

Date Paid _____Amt _____

Receipt # _____

Staff Signature_____