



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

# Program Application

JACKIE ROBINSON FAMILY YMCA

ID Number: \_\_\_\_\_

<b>ADULT PARTICIPANT/ PARENT NAME</b>	First Name	MI	Last Name
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ADULT PARTICIPANT/PARENT INFORMATION		YOUTH PARTICIPANT(S) (FIRST, MI, LAST)			
Street Address		1	Child	Date of Birth	M/F
Apt. Number or P.O. Box	City	2	Child		
State	Zip	3	Child		
Home Phone Number	Cell Phone Number	4	Child		
Date of Birth (MM/DD/YY)	M/F	5	Child		
E-Mail		6	Child		

OPTIONAL 2nd PARENT/GUARDIAN INFORMATION		
First Name	Last Name	Cell Phone Number

<b>EMERGENCY INFORMATION</b>	Emergency Contact Name	Relationship	Emergency Phone Number
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PLEASE CHECK THE PROGRAM(S) YOU OR/AND YOUR CHILD(REN) WILL PARTICIPATE IN							
<input type="checkbox"/>	Pee Wee Sports- Ages 3-5	<input type="checkbox"/>	Youth Sports- Ages 5-10	<input type="checkbox"/>	Middle School Sports- Ages 11-14	<input type="checkbox"/>	Adult Sports
<input type="checkbox"/>	Aquatics	<input type="checkbox"/>	Wellness	<input type="checkbox"/>	Community Collaboration	<input type="checkbox"/>	Other

HOW DID YOU HEAR ABOUT OUR YMCA? (Please check the primary method)							
<input type="checkbox"/>	Direct Mail	<input type="checkbox"/>	Website	<input type="checkbox"/>	Passing By	<input type="checkbox"/>	Bus Stop Signs
<input type="checkbox"/>	Guest/Day Pass	<input type="checkbox"/>	Word of Mouth	<input type="checkbox"/>	Store	<input type="checkbox"/>	School
<input type="checkbox"/>	Referred by Member	<input type="checkbox"/>	Returning Member	<input type="checkbox"/>	Billboard	<input type="checkbox"/>	Other

ETHNIC ORIGIN			PRIMARY LANGUAGE		
<input type="checkbox"/>	White/Caucasian	<input type="checkbox"/>	Black/African American	<input type="checkbox"/>	English
<input type="checkbox"/>	Hispanic/Latino	<input type="checkbox"/>	Native American Indian	<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Multicultural	<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Other
<input type="checkbox"/>	Decline to State	<input type="checkbox"/>	Other		

**JACKIE ROBINSON FAMILY YMCA POLICIES AND WAIVERS**

I hereby acknowledge that I have read and understand the Jackie Robinson Family YMCA refunds, cancellations, and credit policy:

\_\_\_\_\_ I understand no refunds are issued for programs.  
Initials

\_\_\_\_\_ I understand a photo ID is required to gain access to the Y.  
Initials

\_\_\_\_\_ I understand a service charge of \$10 is required on  
Initials a returned check or credit card payment.

\_\_\_\_\_ The Y does not provide accident or medical insurance. To my knowledge  
Initials I am in good health and use these facilities at my own risk.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ FA%: \_\_\_\_\_ Promotion: \_\_\_\_\_

Comments: \_\_\_\_\_

**YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR MINORS**

Name of Minor(s) \_\_\_\_\_

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.

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:

- 1. 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.
- 2. Except for YMCA's gross negligence or willful misconduct I release the YMCA, its directors, officers, employees and volunteers (collectively "Releasees") from all liability to me or the above said minor, for any loss or damage to property or injury or death to person, whether said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I agree that the above said minor assumes full responsibility for, and risk of, bodily injury, death or property damage except caused or due to the gross negligence or willful misconduct of the YMCA.
- 3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, the above said minor or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
- 4. 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.

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 the balance shall continue in full force and effect.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT FOR ADULTS**

Name of Adult(s) \_\_\_\_\_

In consideration of being permitted to enter the YMCA for any purpose including, but not limited to observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following:

- 1. I 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 purpose intended and (iv) I voluntarily sign this document.
- 2. Except for YMCA's gross negligence or willful misconduct I 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 said damage or injury results from conditions arising upon the YMCA facilities or arising out of or in connection with YMCA programs or activities. YMCA shall not be liable for any damages arising from any act or neglect of any other member, occupant or user of the YMCA premises or participant in YMCA programs or activities. I assume full responsibility for, and risk of, bodily injury, death or property damage except if caused or due to the gross negligence or willful misconduct of the YMCA.
- 3. I agree not to sue Releasees for any loss, damage, injury or death described above and except for YMCA's gross negligence or willful misconduct, I will indemnify, protect, defend and hold harmless the YMCA and its Releasees from and against any and all claims and/or damages, liens, judgments, penalties, attorneys' and consultants' fees, expenses and/or liabilities arising out of, involving, or in connection with, the YMCA membership, use of YMCA facilities and/or participation in YMCA programs by me, or any other person. If any action or proceeding is brought against YMCA by reason of any of the foregoing matters, I shall upon notice defend the same at my expense by counsel reasonably satisfactory to YMCA and YMCA shall cooperate with me in such defense. YMCA need not have first paid any such claim in order to be defended or indemnified.
- 4. I assume full responsibility for, and risk of bodily injury, death or property damage due to the negligence of Releasees or otherwise.

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 the balance shall continue in full force and effect.

Adult Name (print) \_\_\_\_\_ Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult Name (print) \_\_\_\_\_ Adult Signature \_\_\_\_\_ Date \_\_\_\_\_

**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 \_\_\_\_\_