



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Program Application

BORDER VIEW FAMILY YMCA

ID Number: _____

PARTICIPANT/ADULT NAME	First Name	MI	Last Name	Nickname
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PARTICIPANT/ADULT INFORMATION		YOUTH PARTICIPANTS (FIRST, MI, LAST)			
Street Address		1	Child	Date of Birth	M/F
Apt. Number or PO 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		
Email Address		6	Child		

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

EMERGENCY INFORMATION	Emergency Contact Name	Relationship	Emergency Phone Number

HOW DID YOU HEAR ABOUT THIS YMCA? (Please check the primary method)				
Direct Mail	Website	Drive By	Bus Stop Signs	
Guest/Day Pass	Word of Mouth	Store	School	
Referred by Member	Returning Member	Billboard	Other	

BECOME A VOLUNTEER!			
The success of the Border View Family YMCA Sports Programs and the quality of your child's highly depend on volunteers. If you or family members are interested in volunteering, please check the area of interest below.			
Head Coach	Assistant Coach	Team Mom/Dad	Referee

OPTIONAL: PROVIDING THE FOLLOWING INFORMATION ASSISTS THE YMCA IN MEETING UNITED WAY REPORTING REQUIREMENTS					
Years in Community	Annual Household Income	Ethnic Origin	Marital Status	Own/Rent	Primary Language

FOR OFFICIAL USE ONLY:

Date: _____ Received by: _____

Comments:

BORDER VIEW FAMILY YMCA POLICIES AND WAIVERS

I hereby acknowledge that I have read and understand the Border View Family YMCA refunds, cancellations, and credit Policy:

- _____ No refunds are given for programs.
Initial _____
- _____ Payment is due one week prior to the start of the session/season. If registering after the deadline there will be a \$20 late fee.
Initial _____
- _____ A service charge of \$10 is required on returned check or credit card payments.
Initial _____
- _____ Photo ID is required to gain access to the Y.
Initial _____
- _____ The Y is not responsible for lost or damaged personal articles.
Initial _____
- _____ The Y does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk.
Initial _____
- _____ I have read and understand the Y Code of Conduct and agree to follow these guidelines while participating at the Y.
Initial _____

BRANCH RELEASE/WAIVER FOR YMCA YOUTH (MINORS)

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 purpose intended and (iv) I voluntarily sign this document.
2. Release the YMCA, it's 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 while I am in or near any YMCA branch.
3. Agree to not 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 my presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
4. Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I do hereby authorize the YMCA as agent for the undersigned, to consent with respect to said minor, 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.
6. I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials.

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. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk. Replacement cards are \$10, if my card is lost or misplaced. I understand that there are no refunds given for Youth Memberships.

Parent/Legal Guardian Signature _____ Date _____

BRANCH RELEASE/WAIVER FOR YMCA ADULTS

In consideration of being permitted to enter any branch of the YMCA of San Diego County (YMCA) for observation, use of facilities and/or equipment, or participation in any program, I 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 purpose intended and (iv) I voluntarily sign this document.
2. Release the YMCA, it's 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 while I am in or near any YMCA branch.
3. Agree to not 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 my presence in, upon or near the YMCA branch; whether caused by the negligence of Releasees or otherwise.
4. Assume full responsibility for, and risk of, bodily injury, death or property damage due to the negligence of Releasees or otherwise.
5. I give the YMCA of San Diego county permission to use any picture or likeness of me, or a picture or likeness of my children, in the YMCA's general publicity and campaign materials.

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. I understand that my YMCA membership is not held for short-term illness or vacation. I also understand that the YMCA does not provide accident or medical insurance. To my knowledge I am in good health and use these facilities at my own risk. Replacement cards are \$10, if my card is lost or misplaced.

Participant/Adult Signature _____ Date _____