

YMCA SOUTHCOAST Guest Waiver

Date _____

	INCO	DMPLETE FORMS OR THOSE WITH	OUT PAYMENT WILL BE RETURNED UNPROCESSE	ED				
Parent/Guardian Na	me For Youth and Teen	under age 18	Date of Birth	Gender				
First Name	MI	Last Name	Date of Birth	Gender				
Mailing Address	I		City	State Zip				
Contact Phone			Cell Phone/Other	Cell Phone/Other				
Email Address								
Employer			Work Phone					
Emergency Contact			Phone	Relationship				
Check here if you do	not want pictures	taken of yourself or family members						
addition to any fee of any and all responsi our connected with materials while I/we	or charge, I do here bilities and liabilit my participation in participate at YM	by waive, release, and forever dischar y for injuries or damages to myself, ind n any activity at the Y or the use of equ CA SOUTHCOAST facilities. I agree to	e activities and programs of the Y and to use its faciliti rge the Y and its officers, agents, employees, represen cluding those caused by the negligent act or omission o upment at the Y. I give permission for the Y to take pho adhere to all policies set forth by the Y. TO ENSURE TH REEENED THROUGH A NATIONAL SEX OFFENDER DATA	ntatives, (collectively "the Y"), from of the Y, or in any way arising out of otographs for use in Y promotional IE SAFETY AND WELL-BEING OF				
Signature			Date	Date				



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Date _____

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Mailing Address	•				City		State Zip		
Contact Phone				Cell Phone/Other					
Email Address				·					
Employer				\ \	Work Phone				
Emergency Contact				F	Phone	Relationship			
Check here if you do	not want pictı	ires t	aken of yourself or family members	L					
addition to any fee of any and all responsi our connected with materials while l/we	or charge, I do bilities and lia my participati participate al	heret bility on in YMC	o or being allowed to participate in the a by waive, release, and forever discharge for injuries or damages to myself, inclu any activity at the Y or the use of equip A SOUTHCOAST facilities. I agree to ac ARE, ALL APPLICATIONS WILL BE SCREI	e the Y and its officers uding those caused by to oment at the Y. I give pe dhere to all policies set	, agents, employees, rep the negligent act or omis ermission for the Y to tak t forth by the Y. TO ENSU	esentatives, (co sion of the Y, or e photographs f RE THE SAFETY	ollectively in any way for use in Y	"the Y"), from arising out of promotional	
Signature					Date	Date			

IF FAMILY, PLEASE LIST OTHE	RMEMBERS					
First Name	мі	Last Name	MF	Race	Birth Date	Relationship
_						

How did you hear about the Y? Please check all that apply

□ Live in Area

🗌 Radio

 Direct Mail
 Place of Employment
 Medical Referral

 Friend
 Camp/Child Care
 TV

Member

🗆 Website

□ Y Brochure

NewspaperYellow Pages

Other

IF FAMILY, PLEASE LIST OTHER MEMBERS							
First Name	мі	Last Name	MF	Race	Birth Date	Relationship	
			_				

How did you hear about the Y? Please check all that apply

□ Medical Referral □ Member

🗆 Newspaper

Friend
Radio

Direct Mail

Camp/Child Care

○ Place of Employment

TV
Donor

U Website

□ Y Brochure

Yellow PagesOther