

Program Participant (Non Member) Registration Form

Today's Date: _____ T-shirt Size: _____ (If applicable)

Name of Participant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone # _____ Date of Birth: _____

Email Address: _____ Gender: male / female (Circle One)

Program: _____ Time: _____

Session 1 2 3 4 (Circle One)

**How did you hear about this program? _____

In Case of Emergency:

Emergency Contact: _____ Emergency Number: _____

Liability/Injury: In consideration for being allowed to participate at the YMCA of Harrison County, and intending to be legally bound, I hereby waive, release, hold harmless, covenant not-to-sue, and forever discharge any and all rights, actions, and claims of negligence that I or my heirs, executors, trustees, agents, employees, representatives, successors, assigns, and affiliates for death, injury loss, and any and all damages that I may sustain and/or suffer in connection with my participation. I also agree to indemnify the YMCA of Harrison County for any defense, cost, or expense arising out of any claim of damages, injury or death arising from my participation in this program. I am physically fit, legally competent, and freely participate in this activity at my own risk. I hereby authorize and give consent to the staff of the YMCA of Harrison County to obtain and provide medical treatment and services as deemed necessary. Photograph Agreement: I give permission to be photographed and use of the photos for any promotional purposes of the YMCA of Harrison County.

The YMCA of Harrison County reserves the right to, at any time, check its membership and class rolls against a listing of registered sex offenders. Any member or class participant that appears on the registered sex offender list shall have their membership terminated and class participants will be removed from class immediately by the YMCA of Harrison County. Membership may also be terminated at the sole discretion of the YMCA or any of its authorized agents for failure of any member or class participant to live up to the standards and commitments of being a member/class participant of the YMCA of Harrison County.

Signature: _____ Date _____

Participant/Legal Guardian (if under 18 years of age a parent or guardian must sign)

****No refunds for programs, credit for future programs may be approved at the discretion of department manager.**

Amount Paid: \$ _____ CASH - VISA – MC – AMEX – DISC (Circle one) CHECK # _____

Staff Name: _____ (Please place completed form in department file)