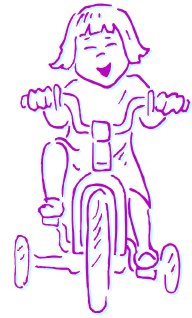


# Palestine YMCA Explorer Sports Registration Form 2010



GET INVOLVED!!! Explorer Sports provides a GREAT opportunity to help our youth.

Participant Name \_\_\_\_\_

Ethnicity: Caucasian African American American Indian Hispanic Other \_\_\_\_\_

Participant Age (as of August 31, 2010) \_\_\_\_\_ DOB \_\_\_\_\_

Participant T-Shirt Size (circle one) YXS YS YM YL YXL

Participant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_

Participant Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*Please list any medical conditions and any medications you may be taking\*\***

By signing the below and paying program fees, I agree to indemnify and hold harmless the Palestine YMCA including it's Board of Directors, Staff, and sponsors, from any and all claims or demands, costs or expenses, which may result from participating in the program. **I also understand that I will abide by the refund policy.** I authorize the YMCA to administer emergency medical treatment for the above named participant and notify the proper authorities should any injury occur. **THE YMCA DOES NOT CARRY ACCIDENT INSURANCE.** I agree to give the Palestine YMCA, it's legal representatives, successors, and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority, permission to take, copyright, use and publish photographs of this youth participant in any media, in whole, in part, or in composite, for purposes of YMCA art, advertising, education, or promotion, or for any other purpose consistent with the YMCA mission. I agree that the photograph becomes the exclusive property of the Palestine YMCA, and waive all rights thereto. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied. This release shall be binding upon me, my heirs, legal representatives, and assigns.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/ Legal Guardian

*Diverse groups find common ground by playing, learning and working together. By making a small donation, **YOU** help provide others with the ability to participate in YMCA family programs.*

\_\_\_\_\_ \$1      \_\_\_\_\_ \$3      \_\_\_\_\_ \$5      \_\_\_\_\_ \$10      Other \$ \_\_\_\_\_

### For Office Use Only

Amount Paid

\$ \_\_\_\_\_  
Member                      Participant                      Employee                      Scholarship

Cash  Check # \_\_\_\_\_ Credit  Receipt # \_\_\_\_\_

Staff \_\_\_\_\_ Date \_\_\_\_\_