

Franklin County Family YMCA BOXING REGISTRATION FORM

ALL REQUESTED INFORMATION MUST BE COMPLETED

PRINT name of individual registering for YMCA program			<input type="checkbox"/> Male <input type="checkbox"/> Female
Last Name _____	Given First Name _____	Middle Name _____	Date of Birth _____ Age _____
Address _____		Goes by Name _____	Home Phone # _____
City _____	State _____	Zip Code _____	Work Phone # _____
Emergency Contact Person & Phone # _____			Are you (the person registering for program) a member of the Franklin County Family YMCA? <input type="checkbox"/> Yes <input type="checkbox"/> No

IF PARTICIPANT IS UNDER 18, THE FOLLOWING MUST BE COMPLETED

Mother or other Legal Guardian _____	Home # _____	Work # _____
Father or other Legal Guardian _____	Home # _____	Work # _____

Release of Liability, Acceptance of Responsibilities, Acknowledgement of Policies

- ◆ I understand that participating in any type of fitness activity or program involves a risk of injury. In consideration of my being allowed to participate in this Franklin County Family YMCA program 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, or assigns may have against the Franklin County Family YMCA, all sites where FCFY program are held, their respective officers, directors, 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 in this program. I also agree to indemnify the Franklin County Family YMCA 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 further understand that all YMCA policies, principles and practices must be observed and it is my responsibility to read and comply with all published and posted rules. (Copies of these YMCA Program Participation and Policies are available by request. Make sure you have read and comply with all policies.)
- ◆ The undersigned hereby assumes full responsibility for and risk of bodily injury, death, or property damage due to negligence of releasees or otherwise while in, upon equipment or about the boxing program. I understand boxing is a combat sport and that I will not hold the YMCA responsible or releasees or otherwise for any injury received during this program.
- ◆ I have read, understand, and agree to comply with the "YMCA Program Participation and Payment Policies" on the reverse side of this form.
- ◆ If participant is under 18, signature below must be by individual who is legally responsible for the child. By signing this I am acknowledging that I am legally responsible for this child.

DO NOT SIGN UNLESS YOU HAVE READ & AGREE TO ABOVE!

YMCA STAFF to complete this section BEFORE PARTICIPANT LEAVES THE FRONT DESK

1) I verified required information is listed above and that participant: is member is NOT member

Receipt of Participant's Information

Staff Name _____

Date(s) Covering																				
Regular Payment Due																				
Late Fee Due																				
Total Payment Recd																				
Date Payment Recd																				
Staff Initials																				