



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Ashtabula County YMCA

## SUCCESS Before/After School Registration

Ashtabula YMCA  Ridgeview  Kingsville  Pymatuning Valley

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Phone Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Phone Home/Cell \_\_\_\_\_ Work \_\_\_\_\_

Persons to contact in case of accident or illness if parents cannot be reached:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Persons authorized to pick up child, in addition to those listed above:

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Additional Information:

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### Disclaimer/Hold Harmless Statement

I/we understand that there is a risk of serious injury associated with the use of the YMCA facilities, participation in YMCA programs and use of exercise and other equipment. As a condition of my participation I agree to assume the risk of injury arising from my use of the facilities, programs, equipment and for all other matters at all YMCA locations or programs whenever occurring. On behalf of myself and my heirs, administrators and executors, I hereby release and hold the YMCA and its officers, trustees, employees, agents and contractors harmless from all such claims for injury and damage. I understand that I would not be permitted to participate in any YMCA program or use any YMCA facility or equipment without signing this agreement.

I/we authorize the Ashtabula County YMCA or its designees, agencies and contractors to create, have and use photographs, slides and videotapes containing my image for its record keeping or marketing/public relations programs.

I understand that the Ashtabula County YMCA is not responsible for personal property lost, damaged, or stolen while members and/or program participants are using YMCA facilities, on YMCA premises, or involved in YMCA programs.

I/we have read and understand the conditions of membership, and disclaimer/hold harmless statement above. In addition, I/we understand and agree that the conditions of membership and the disclaimer/hold harmless statement are in effect throughout my/our membership with the Ashtabula County YMCA. I/we also understand and agree that if the membership is interrupted for any reason, these agreements will remain in effect during the period of interruption as well as after the membership is reinstated.

Signature X \_\_\_\_\_ Date \_\_\_\_\_