

the **BILLINGS FAMILY YMCA PROGRAM REGISTRATION FORM**

Program:

Location:

Grade:

Are you a scholarship
recipient? Yes ☐ No ☐

Are you a YMCA Staff?
Yes ☐ No ☐

Program Month(s):

Program Day(s):

Program Time:

REGISTRATION INFORMATION: All registrant information is kept confidential and is strictly for use by the YMCA. Information is not shared or sold to third parties.

☐ **YES! I am interested in being a YMCA Volunteer.**

Volunteers are welcome in many areas. Which areas best describe your interests/skills?

PARTICIPANT INFORMATION:

Last Name:

First Name:

Middle Name:

Gender:

Date of Birth:

Race: (Optional)

YMCA Member? Yes ☐ No ☐

School attending:

T-shirt/Jersey Size: Youth _____ Adult _____

Home Address:

City:

State:

Zip:

Home Phone:

Email Address:

PARENT/GUARDIAN INFORMATION:

Mother's/Guardian's Name

Date of Birth:

Phone:

Child lives with: Yes ☐ No ☐

Father's/Guardian's Name:

Date of Birth:

Phone:

Child lives with: Yes ☐ No ☐

Who is the Primary Custodial Parent?

Mother ☐

Father ☐

Both/Either ☐

Other _____

EMERGENCY CONTACT INFORMATION:

Please list the name in contact information we can reliably use if we are unable to contact a Parent/Guardian.

Last Name:

First Name:

Relation to Participant:

Phone:

Hospital Preference:

HEALTH ISSUES AND ADDITIONAL INFORMATION:

Please describe any health issues, behavior issues, allergies, medical conditions or medications the Billings Family YMCA should be aware of: _____

AUTHORIZED PICK-UP: Only Parents/Guardians or those listed below will be allowed to pick-up Participants for selected programs.

Name:

Phone:

Name:

Phone:

Name:

Phone:

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION: All EFT's require a voided check, debit or credit card for verification purposes

I authorize my bank or credit card company to pre-authorize EFT's drawn by the Billings Family YMCA for membership, program and/or contributions. When the bank honors the EFT by charging my account, such EFT's constitute my receipt for the full payment. Should an EFT not be honored by said bank it is understood that payment will automatically be resubmitted 10 days after your draft day in the amount of said payment plus a service charge of \$25. If at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the Billings Family YMCA where the membership/program was purchased, along with the membership card(s), by the end of the day on the 28th or 1st of the month bank drafts or by the end of the day on the 12th or 15th of the month bank drafts. No cancellations accepted by phone or fax. Failure to correctly submit request by the correct date will result in that month's EFT being non-refundable.

Acceptance: By signing below, I acknowledge the EFT authorization set forth above and will complete EFT banking information on the next page.

Account holder signature: X

Date:

EFT TYPE:

Debit/Credit Card (Authorization is for the 15th of each month)

Name on card: _____

Card Type: Visa ☐ MC ☐ Discover ☐ Amex ☐

Card Number: _____

Card Expiration Date: ____/____ CVV: _____

Is your billing address for this card the same as your mailing address?

Yes ☐ No ☐

If not: Address: _____

City: _____ ST: _____ Zip: _____

Checking/Savings Account (Authorization is for the 15th of each month)

Name on Account: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Is your billing address for this account the same as your mailing address?

Yes ☐ No ☐

If not: Address: _____

City: _____ ST: _____ Zip: _____

WAIVER/CONSENT FORM: Please read and sign

In consideration for participating in Billings Family YMCA Activities, I hereby release, waive, discharge and hold harmless Billings Family YMCA, their officers, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of, or related to any loss, damage, or injury that may be sustained by me, my children, or to any property belonging to me, regardless of the cause; including negligence of RELEASEES, while participating in such activity, or while upon the premises where the activity is being conducted or in transportation to and from said premises.

I certify that I or my children's present level of physical condition is consistent with the demands of active participation. I am fully aware of risks and hazards connected with YMCA activities, including daily program transportation, YMCA field trips, swimming, emergency medical care, authorized dispensing of prescription medications and I hereby elect to voluntarily participate or to have my children participate in said activity and assume the risks associated with the activity.

I further hereby agree to indemnify and hold harmless RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may be incurred due to my participation or my children's participation in said activity, whether caused by negligence of RELEASEES or otherwise.

I understand that the Billings Family YMCA will not be responsible for any medical costs associated with an injury I or my children may sustain. As a parent and/or guardian, I authorize the treatment of participants as deemed necessary by medical professionals in the event of a medical emergency.

I further agree to become familiar with the rules and regulations of the Billings Family YMCA concerning my conduct or the conduct of my children and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity. I will further assume the complete risk of any activity done by me or my children in violation of any rule, directive, or instruction.

I understand that payment for programs or services is due prior to the start of the program. Should a bank return an EFT or check for insufficient funds, I will be charged a fee of \$25 per occurrence. The YMCA reserves the right to issue credit or refunds at its discretion in the event of program cancellation or as special circumstances arise. Approved refunds will be assessed a \$10 processing fee prior to being refunded.

I give my permission to the Billings Family YMCA to use photographs, film footage, or tape recordings which may include my or my children's image or voice for purpose of promoting or interpreting YMCA programs.

Parent/Athlete Concussion Information. With any physical activity there is a risk of concussion. A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a ding, getting your bell rung or what seems to be a mild bump or blow to the head can be serious.

Signs and Symptoms of Concussion. Appears dazed or stunned is confused about assignment or position, forgets an instruction is unsure of game, score, or opponent, moves clumsily, answers questions slowly, loses consciousness (even briefly), shows mood, behavior, or personality changes, cannot recall events prior to hit or fall, cannot recall events after hit or fall. Athletes may report headache or pressure in head, nausea or vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light, sensitivity to noise, feeling sluggish, hazy, foggy, or groggy, concentration or memory problems, confusion, just not feeling right or feeling down. Athletes should receive medical attention if the following are observed: one pupil larger than the other, is drowsy or cannot be awakened, a headache that not only does not diminish, but gets worse, weakness, numbness, or decreased coordination, repeated vomiting or nausea, slurred speech, convulsions or seizures, cannot recognize people or places, becomes increasingly confused, restless, or agitated, has unusual behavior, loses consciousness (even a brief loss of consciousness should be taken seriously).

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal. A concussion is a brain injury, which should be reported to parents, coach(es), or a medical professional. A concussion can affect the ability to perform everyday activities such as, balance, the ability to think, and classroom performance. A concussion cannot be seen. Some symptoms might be present right away; however other symptoms can show up hours or days after an injury. The athlete will be removed from play or practice and cannot return to play in a game or practice if a hit to their head or body causes any concussion-related symptoms. Signature acknowledges understanding of concussion symptoms and I understand that if my child in a game or practice receives hit to their head or body and causes any concussion-related symptoms they will be removed from play or practice and may not return until they have been cleared by a licensed health care professional. The athlete will need written permission and a copy of the permission slip will need to be turned into the coach and the YMCA before they return to practice or play.

In signing this release, I acknowledge & represent that I'm at least eighteen (18) years of age, I have read & understand this waiver, & sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

It is the policy of the Billings Family YMCA to deny membership or guest access to any individual listed on any sexual and/or violent offender registry. The Billings family YMCA will periodically check membership records for criminal history.

Participant or Parent (if participant is under 18) Signature _____

Date _____

FOR YMCA OFFICE USE ONLY

Notes: _____

Processed in Daxko by: _____

Supervisor approving Staff discount: _____