



WAIVER AND RELEASE:

I (we) hereby hold the NORTH PENN YMCA, its executive directors, employees, volunteers, and members (collectively, the "YMCA"), harmless and free from any liability for any actions, incidents or occurrences, including but not limited to its or their own negligence; (2) that I (we) hereby waive, release, and forever discharge any and all rights and/or claims for damages that I may have or that may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (3) that I (we) do hereby agree to indemnify the YMCA for any and all claims for damages that may be asserted against the YMCA, by any person or entity, related to or arising from my/our use of or connected with my/our participation in any of the activities of the NORTH PENN YMCA, its facilities, equipment, or program activities within the facilities; (4) that I (we) hereby grant permission for myself and my family for video or photographs taken by YMCA to be used for NORTH PENN YMCA publicity and advertising purposes; and (5) that I (we) hereby grant permission for the YMCA to use my email address as a means of contact.

By participating in the YMCA Nationwide Membership Program, I (we) agree to release the National Council of YMCAs of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law,

The YMCA conducts regular sex offender screenings on all staff, volunteers, members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

I (we) agree to abide by all of the policies and procedures outlined in the NORTH PENN YMCA Member Handbook, and any other policies and procedures of the YMCA as may be adopted.

I, (and if applicable, on behalf of all members of my family that are part of this membership,) agree to this Waiver and Release agreement and have read and understand the Member Code of Conduct. I agree to advise all members of my family that are part of this membership as to the terms of this Waiver and Release agreement and the Member Code of Conduct.

Print Name

Signature of applicant

Date

Staff Initials

Date

NOTES:

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS §3270.124(a)(b), §3270.181 & §3270.182: §3280.124(a)(b), §3280.181 & §3280.182: §3290.124(a)(b), §3290.181 & §3290.182

DIRECTIONS: Please print all information. Per DPW regulations all sections must be completed; there can be No Blank areas.
If a section does not apply to your child, please put **NONE IN THAT SPECIFIED AREA AND SIGN FULL NAME.**

Ex: Allergies = None, John Smith. All forms must be signed and dated in the space provided at the very bottom of form.

CHILD'S NAME		BIRTHDATE
ADDRESS		OUTREACH SITE
MOTHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER
ADDRESS		CELLPHONE NUMBER
BUSINESS NAME		WORK PHONE NUMBER
BUSINESS ADDRESS		
FATHER/LEGAL GUARDIAN NAME		HOME PHONE NUMBER
ADDRESS		CELLPHONE NUMBER
BUSINESS NAME		WORK PHONE NUMBER
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSON(S) OTHER THAN PARENT: Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers		
1)		
2)		
PERSON(S) TO WHOM CHILD MAY BE RELEASED OTHER THAN PARENT: Please list the following items: Name, Address, Home, Cell, and Work Phone Numbers		
1)		
2)		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		PHONE NUMBER
PHYSICIAN'S OFFICE ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (Including Medical Reaction)
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE		ADMIN OF MINOR FIRST-AID PROCEDURES
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		APPLY SUNSCREEN
ARE THERE CUSTODY PAPERS FOR THIS CHILD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, COPIES MUST BE ATTACHED		

SIGNATURE OF PARENT OF GUARDIAN (required at registration)

DATE

Periodic Review:

SIGNATURE OF PARENT OF GUARDIAN (to be signed at six (6) month review)

DATE