



Early Morning Summer Program Application 2018

Fee: \$100/participant. All program fees are non-refundable.

Registration Dates: April 3-6, 2018

Program Location: Fond du Lac Family YMCA

Primary Adult Information:

First Name: _____ Last Name: _____ Y Member Y N

Birthdate: _____ Gender: Male Female

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Cell/Other Phone: _____

Email address: _____

Emergency Contact (different than Primary Adult): _____ Emergency Phone: _____

Program Participant Information #1:

First Name: _____ Last Name: _____ Y Member Y N

Address is the same as Primary Adult (or add address below):

Address: _____ City: _____ State: _____ Zip: _____

Birthdate: _____ Gender: Male Female

Grade Going Into: _____ School: _____

Program Participant Information #2:

First Name: _____ Last Name: _____ Y Member Y N

Address is the same as Primary Adult (or add address below):

Birthdate: _____ Gender: Male Female

Grade Going Into: _____ School: _____

-----This section is for YMCA use only -----

Program Participant Name: _____

Primary Adult Name: _____ Date: ____/____/____

Payment due: \$_____ Payment Made: \$_____ by: CASH CHECK # _____

Credit Card Payment: VISA MASTERCARD DISCOVER STAFF INITIAL: _____

ACCT #: _____ EXP DATE: _____ / _____ CVV#: _____



Early Morning Program

Waiver, Release, & Indemnification Agreement In consideration of my participation in the activities and programs conducted by the Fond du Lac Family YMCA at the Fond du Lac Family YMCA I, the undersigned participant, agree to release and on behalf of myself, my heirs, representatives, executors, administrators, and assigns, HEREBY DO RELEASE the Fond du Lac Family YMCA, its officers, agents, and employees from an causes of action, claims, or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I, my heirs, representatives, executors, administrators and assigns may have, now or in the future, against the Fond du Lac Family YMCA on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to the use of Fond du Lac Family YMCA’s facilities/equipment or participation in programs or activities conducted by the Fond du Lac Family YMCA whether that participation is supervise or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of the Fond du Lac Family YMCA, its officers, agents, and employees. **Initial Here:** _____

In consideration of my participation in the activities and programs conducted by the Fond du Lac Family YMCA, I, the undersigned participant, agree to INDEMNIFY AND HOLD HARMLESS the Fond du Lac Family YMCA, its officers, agents and employees from any and all causes of action, claims, demands, losses, or costs of any nature whatsoever arising out of or in any way related to my participation. **Initial Here:** _____

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in Early Morning Program participation and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in Early Morning Program and that by signing this agreement I hereby release the Fond du Lac Family YMCA, its officers, agents and employees of all liability for such loss, damage, or death. I further certify that I am in good health and that I have no conditions or impairments which would preclude my safe participation in the activities and programs conducted by the Fond du Lac Family YMCA. **Initial Here:** _____

Photo/Talent Release: I hereby irrevocably release consent at the Fond du Lac Family YMCA and its agents to use my photograph/likeness/voice/video, as it pertains to my participation with the YMCA, in any manner for promotional efforts without expectation of any reimbursement in connection with its use. **Initial Here:** _____

I hereby acknowledge that I have read this document in its entirety and fully understand the above.

_____ / ____ / _____
Child Name Parent/Guardian Signature Date