



FEES PAID (DATE) \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 DATE IN COMPUTER: \_\_\_\_\_  
 STAFF INITIALS: \_\_\_\_\_

# Team Lean 2017 Registration Form

**TEAM LEAN REGISTRATION \$50**

Participants Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Gender \_\_\_\_ Age: \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ YMCA MEMBER (Y/N)

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_ Emergency Contact Work Number: \_\_\_\_\_

Special Medication Information: \_\_\_\_\_

**PLEASE CIRCLE AN OPTION:      COUPLE      CORPORATE      CHURCH      SCHOOL**

TEAM NAME: \_\_\_\_\_

**GROUP TEAMS MUST HAVE NO LESS THAN 4 MEMBERS OF YOUR CHOOSING AND CAN HAVE NO GREATER THAN 5 MEMBERS. HAVE EACH MEMBER OF YOUR TEAM FILL OUT THIS REGISTRATION FORM & REGISTRATION FEES ARE DUE WITH COMPLETION OF FORM. INDIVIDUALS WANTING TO BE GROUPED TOGETHER WILL NEED TO USE THE SAME TEAM NAME TO INSURE CONSISTENCY.**

**Child Care Provided at the Main YMCA building for kids 7-under FREE to Members with family membership and \$2 per child per day for potential members.**

**T-shirt Size: S M L XL (Other \_\_\_\_\_ Additional \$2)**

While the YMCA will make every attempt to provide reasonable accommodations for mentally and physically challenged children, the YMCA will not accept children that are (1) of danger to themselves, (2) of danger to others, or (3) a disruption to the normal activities making it unreasonably difficult for other children to enjoy YMCA programs. Any of the above reasons will be grounds for dismissal from YMCA programs. The YMCA strongly recommends that you discuss with YMCA staff any special conditions or circumstances involving your child. The YMCA requests that the undersigned do this PRIOR to registration so that the YMCA can advise you as to whether we can make reasonable accommodation for your child. The undersigned understands that the YMCA is NOT responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. I give me permission to the Tiftarea YMCA to use, without limitation or obligation, photographs, film footage or tape recordings that may include mine or my family's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs. In the event of an emergency and my emergency contact person cannot be reached, the undersigned hereby gives his or her permission to the physician selected by the YMCA to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the individual named on this application. The undersigned understands that no accident or medical insurance is provided with this activity. The undersigned gives his or her permission for my child to be transported by the bus service secured by the YMCA for related programs activities.

ACCEPTANCE: I have read and voluntarily sign this waiver and release of liability and indemnification agreement, and further agree that no oral representation, statements or inducement apart from the foregoing written agreement have been made.

**I UNDERSTAND THE FEE MUST ACCOMPANY THIS APPLICATION AND PROGRAM IS NON-REFUNDABLE. BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE RULES AND REGULATIONS OF THIS PROGRAM.**

\_\_\_\_\_  
 PARTICIPANT SIGNATURE

\_\_\_\_\_  
 DATE