

LIVESTRONG[®] AT THE YMCA



LIVESTRONG[®]

FOUNDATION

Livestrong at the YMCA

PARTICIPANT'S NAME _____ NEW REG (Y / N) YMCA MEMBER (Y / N)

SEX ___ AGE: ___ DATE OF BIRTH ___ / ___ / ___ GRADE ___ ETHNICITY W B A H I O

ADDRESS _____ ZIP CODE _____

MOTHER/GUARDIAN'S NAME _____ FATHER/GUARDIAN'S NAME _____

HOME PHONE _____ WORK PHONE _____ ALT/ Emergency PHONE _____

EMAIL _____

Special Medication Information _____

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 IS NON-REFUNDABLE EXCEPT FOR VERIFIED MEDICAL REASONS

PARENT/GUARDIAN SIGNATURE

DATE

EMERGENCY CONTACT(S)

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Medical Release:

Dear Doctor:

Your patient _____ wishes to start a training program through the TIFTAREA YMCA Livestrong at the YMCA program. Exercise recommendations provided by the trainer will start easy and become progressively more intense depending on the client's goal and fitness level. Qualified staff will administer all fitness assessments and exercise.

If you know of any medical or other reasons why participation in the program by the client would be unwise, please indicate so on this form.

Report of Physician

___ I know of no reason why the applicant may not participate.

___ I believe the client can participate, but I urge caution because:

* My patient is taking medications that will affect heart rate response to exercise.

The effects are indicated below:

Type of medication _____

Effect _____

Restrictions for exercise _____

The client should not engage in the following activities:

___ **I recommend that the client NOT participate.**

Physician Signature: _____ Date: ___/___/___

Print Name: _____ Phone: _____