

**Lee County YMCA
Daddy/Daughter Dance
Registration Form**

Child's Name #1 _____ DOB ____/____/____
Child's Name #2 _____ DOB ____/____/____
Child's Name #3 _____ DOB ____/____/____

Address _____
City _____ ST _____ Zip _____

Father's Name _____ DOB ____/____/____
Address (if different) _____
City _____ ST _____ Zip _____
Home Phone _____ Cell _____ E-Mail _____

The Lee County YMCA has my permission to involve myself and my child in photographs taken for publicity purposes.
 Yes No

Liability Release

I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me, my child or other family members to participate in YMCA activities, I understand, and expressly acknowledge, that when I, my child or other families attend the YMCA's facilities or programs, or when using any equipment located on or off the YMCA's premises, we do so at our own risk.

I release the YMCA and its staff members, its directors, officers and agents from all liability for injury, loss or damage connected in any way whatsoever to participation in YMCA activities, whether on or off the YMCA's premises. I understand that this release includes, but is not limited to, any claims based on negligence, action or inaction of the YMCA, its staff, directors, officers, agents, representatives and guests. I have read the form and grant permission for my child to participate in all activities provided by the YMCA.

I authorize the staff of the YMCA, or appropriate medical treatment personnel to administer emergency medical treatment to me, my child or other family members. I also understand that I am solely responsible for all costs incurred as a result of such treatment. I have read and voluntarily signed this Authorization of Release.

Signature _____ **Date** _____
Parent or Legal Guardian

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Office Use Only

_____ Amount Paid Ck # _____ Cash ___ CC ___ Date _____ Staff Initials _____