

2009 REGISTRATION FORM



Billings Family YMCA
402 N. 32nd Street
Billings, MT 59101
(406) 248-1685

Yellowstone Valley YMCA Program Center
410 Colorado Avenue
Laurel, MT 59044
(406) 628-1012

Program name : _____ Date: _____

We CARE about your kids, please accompany all children under the age of 12 at all times.

Last name _____ First name _____

School _____ Grade _____

DOB _____ M / F _____ Shirt size: Youth S M L XL

On file, no changes to address & phone _____ (initials)

Address _____ City _____ State/Zip _____

Mother/Guardian name _____ Phone # Day _____ Eve _____

Father/Guardian name _____ Phone # Day _____ Eve _____

Medical problems we should be aware of _____

Emergency contact if parents unavailable _____ Phone _____

Doctor's name _____ Phone _____

Consent Form – Please Read and Sign

I realize that this and all YMCA Programs involve certain inherent risks, and regardless of precautions taken by the YMCA or the participants, injuries may occur. I agree that I have been informed of, understand and acknowledge those inherent risks. I certify that the participant's present level of physical condition is consistent with the demands of active participation in this YMCA program. I agree to forever release, discharge, and covenant not to sue the YMCA for liability from any and all loss or damage, whether or not caused by negligence, either active or passive, by or on the behalf of the YMCA. I will indemnify and hold the YMCA harmless from any and all claims made by others. I assume all the risks and hazards incidental to the conduct of YMCA programs and I do further release, absolve, indemnify, and hold harmless the YMCA of Billings, School District # 2, Laurel School District # 7-70, the organizers, sponsors, supervisors, volunteers, and officials of any or all of them. In case of injury, I hereby waive all claims against the organizers, sponsors, staff, or any of the supervisors appointed by them. I understand that there is a possibility my child may be asked to move to a different class time if the minimum enrollment is not met. I also acknowledge that participants may be photographed providing opportunity for YMCA promotions.

Minor Medical Release and Consent Form

As Parent and/or Guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of this participant in the event of a medical emergency as deemed necessary by the attending physician.

Signature _____ Print name _____ Date _____

Would you like to Volunteer?

Coach _____ Assistant Coach _____ Field _____ Referee _____ Board Member _____

Name _____ Phone _____

***All Volunteers are subject to a background check.**