



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Billings Family YMCA Guest Application

<u>Guest Types & Rates (effective January 1, 2018)</u>	
<u>Type of Passes:</u>	<u>Fee:</u>
Youth Day Pass (17 & under)	\$3
Adult Day Pass (18+)	\$10
Family Day Pass (no access to child watch)	\$18
Week Pass (12+) (7 consecutive days)	\$20

First visit per calendar year is complimentary and 7 paid visit after
Children under 18 need an adult (18+) to sign waiver

Guest Policy:

Guest's are those individuals who are not regular members of the Billings Family YMCA, a program participant, or any individual accompanying a program participant. It is the policy of the Billings Family YMCA to deny guest access to any individual listed on any sexual and/or violent offender registry. Guest's may utilize the Billings Family YMCA up to 7 times per year, the first visit is at no charge Guest's must provide valid photo identification upon entry. Guest's 12-17 years old must be signed in on the first visit by a parent, guardian or responsible party 18 years old or older. Guests are expected to conduct themselves appropriately during their visit. Guest visits are a privilege and can be revoked if determined necessary by the Billings Family YMCA.

Application Information:

To help us serve you better, please fill out the following information. This information is kept confidential

Adults Name: _____ DOB: _____ Phone: _____ Gender: Participant Guardian
M or F

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

Additional Participants:

Name:	DOB:	Gender:
		M F
		M F
		M F
		M F
		M F

WAIVER/CONSENT

In consideration for participating in Billings Family YMCA Activities, I hereby release, waive, discharge and hold harmless Billings Family YMCA, their officers, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of, or related to any loss, damage, or injury that may be sustained by me, my children, or to any property belonging to me, regardless of the cause; including negligence of RELEASEES, while participating in such activity, or while upon the premises where the activity is being conducted or in transportation to and from said premises.

I certify that I or my children's present level of physical condition is consistent with the demands of active participation. I am fully aware of risks and hazards connected with YMCA activities, including daily program transportation, YMCA field trips, swimming, emergency medical care, authorized dispensing of prescription medications and I hereby elect to voluntarily participate or to have my children participate in said activity and assume the risks associated with the activity.

I further hereby agree to indemnify and hold harmless RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may be incurred due to my participation or my children's participation in said activity, whether caused by negligence of RELEASEES or otherwise.

I understand that the Billings Family YMCA will not be responsible for any medical costs associated with an injury I or my children may sustain. As a parent and/or guardian, I authorize the treatment of participants as deemed necessary by medical professionals in the event of a medical emergency.

I further agree to become familiar with the rules and regulations of the Billings Family YMCA concerning my conduct or the conduct of my children and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity. I will further assume the complete risk of any activity done by me or my children in violation of any rule, directive, or instruction.

I understand that payment for programs or services is due prior to the start of the program. Should a bank return an EFT or check for insufficient funds, I will be charged a fee of \$25 per occurrence. The YMCA reserves the right to issue credit or refunds at its discretion in the event of program cancellation or as special circumstances arise. Approved refunds will be assessed a \$10 processing fee prior to being refunded.

I give my permission to the Billings Family YMCA to use photographs, film footage, or tape recordings which may include my or my children's image or voice for purpose of promoting or interpreting YMCA programs.

Parent/Athlete Concussion Information. With any physical activity there is a risk of concussion. A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a ding, getting your bell rung or what seems to be a mild bump or blow to the head can be serious.

Signs and Symptoms of Concussion. Appears dazed or stunned is confused about assignment or position, forgets an instruction is unsure of game, score, or opponent, moves clumsily, answers questions slowly, loses consciousness (even briefly), shows mood, behavior, or personality changes, cannot recall events prior to hit or fall, cannot recall events after hit or fall. Athletes may report headache or pressure in head, nausea or vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light, sensitivity to noise, feeling sluggish, hazy, foggy, or groggy, concentration or memory problems, confusion, just not feeling right or feeling down. Athletes should receive medical attention if the following are observed: one pupil larger than the other, is drowsy or cannot be awakened, a headache that not only does not diminish, but gets worse, weakness, numbness, or decreased coordination, repeated vomiting or nausea, slurred speech, convulsions or seizures, cannot recognize people or places, becomes increasingly confused, restless, or agitated, has unusual behavior, loses consciousness (even a brief loss of consciousness should be taken seriously). If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal. A concussion is a brain injury, which should be reported to parents, coach(es), or a medical professional. A concussion can affect the ability to perform everyday activities such as, balance, the ability to think, and classroom performance. A concussion cannot be seen. Some symptoms might be present right away; however other symptoms can show up hours or days after an injury. The athlete will be removed from play or practice and cannot return to play in a game or practice if a hit to their head or body causes any concussion-related symptoms. Signature acknowledges understanding of concussion symptoms and I understand that if my child in a game or practice receives hit to their head or body and causes any concussion-related symptoms they will be removed from play or practice and may not return until they have been cleared by a licensed health care professional. The athlete will need written permission and a copy of the permission slip will need to be turned into the coach and the YMCA before they return to practice or play.

In signing this release, I acknowledge and represent that I am at least eighteen (18) years of age, I have read and understand this waiver, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made.

It is the policy of the Billings Family YMCA to deny membership or guest access to any individual listed on any sexual and/or violent offender registry. The Billings family YMCA will periodically check membership records for criminal history.

Participant's Signature: _____ **Date:** _____

Guardian's Signature: _____ **Date:** _____

For Membership Staff

<u>Date of 1st Visit</u>	<u>ID</u>	<u>SVOR</u>
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Accepted By: _____ **Date:** _____ / **Processed By:** _____ **Date:** _____