



BIRTHDAY PARTY REGISTRATION FORM

Parent/Guardian Information:

Last Name: _____ First: _____ Phone: _____

Address: _____ City: _____ ST: _____ Zip: _____

Email address: _____

Birthday Child's Information:

Name: _____ Age: _____ Shirt Size: _____ Medical Conditions: _____

Date of party: _____ # of children attending: _____ # of adults attending: _____

PLEASE MARK CHOICES:

Party Time:

_____ Friday, 6:30-8pm _____ Saturday, 12-1:30pm _____ Saturday, 2-3:30pm _____ Sunday, 2-3:30pm

Party Package:

_____ **Member:** Tumble Party (1-8 years of age) _____ **Non-Member:** Tumble Party (1-8 years of age)

_____ **Member:** Rock Climbing Party (7-12 years of age) _____ **Non-Member:** Rock Climbing Party (7-12 years of age)

_____ **Member:** Pool Party (8-12 years of age) _____ **Non-Member:** Pool Party (8-12 years of age)

Color choice for table: _____ Blue _____ Green _____ Yellow _____ Red _____ Pink

Waiver / Consent Form: Please Read and Sign

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, 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.

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.

Parent/Guardian Signature: _____ Date: _____

Birthday Party Roster (Please list all attendees):

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

Childs Name _____ Parent Signature _____

YMCA OFFICE USE ONLY

Registration Taken by: _____

Entered by: _____

Additional Participant Amount: _____

Taken By: _____