

Dorchester County Family YMCA

2005-2006 Karate

Registration Form

If paying by MasterCard/Visa, you may register by fax

YMCA Fax # 410-221-0514

Child's Name _____
Date of Birth _____ Ages as of 9/1/05 _____
Address _____
City _____
Child's primary Home phone # _____
If divorced, other home phone # _____
School as of 9/1/05 _____
Mother/Guardian's name _____
Work Place _____
Work phone _____ Cell phone _____
Father/Guardian's name _____
Work Place _____
Work phone _____ Cell phone _____
of years child/ adult has taken Karate at the Dorchester YMCA _____ ?
of years child/adult has taken Karate from other instructor/school _____ ?
If so, which instructor/school/style? _____

Waiver & Release

Parent/Guardian Authorization: I give my child(myself if 18 or over) _____ permission to participate in YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometime still happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA and its staff, members, volunteers, and sponsors from al liability for any injury loss or damage connected in any way whatsoever to participant in YMCA activity whether on or off the YMCA premises. I understand that this release includes any claims based on negligence, action, or inaction of the YMCA its, staff, directors, members and guests. I have read and am voluntarily signing this authorization and release. I understand that the YMCA does not carry accident insurance and I will be responsible for any medical claims that may arise from my child's participation.

Parent/Guardian signature _____ Date _____ 2005

Office use: _____ Registration Date _____ Receipt _____ Staff initials _____