



BILLINGS FAMILY YMCA PROGRAM REGISTRATION FORM

Program: _____ Month/Time: _____ Location: _____

We communicate updates by text. Do you want to receive texts? Y N

PARTICIPANT INFORMATION:

Are you a scholarship recipient? Y N

Last Name: _____ First Name: _____ Gender: _____

Date of Birth: _____ School Attending: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email: _____

PARENT/GUARDIAN INFORMATION:

Legal Guardian 1 Name: _____ Child lives with: Y N

Date of Birth: _____ Phone: _____

Legal Guardian 2 Name: _____ Child lives with: Y N

Date of Birth: _____ Phone: _____

EMERGENCY CONTACT INFORMATION:

Last Name: _____ First Name: _____

Relation to Participant: _____ Phone: _____ Preferred Hospital: _____

HEALTH ISSUES & ADDITIONAL INFORMATION:

Please describe any health issues, behavior issues, allergies, medical conditions or medications the Billings Family YMCA should be aware of: _____

AUTHORIZED PICK-UP: Only Parents/Guardians or those listed below will be allowed to pick-up participants for selected programs:

Name: _____	Phone: _____
Name: _____	Phone: _____
Name: _____	Phone: _____

ELECTRONIC FUNDS TRANSFER (EFT) AUTHORIZATION:

I authorize my bank or credit card company to pre-authorize EFT's by the Billings Family YMCA for membership, program and/or contributions. When the bank honors the EFT by charging my account, such EFT's constitute my receipt for the full payment. Should an EFT not be honored by said bank it is understood that payment will automatically be resubmitted 10 days after your draft day in the amount of said payment plus a service charge of \$25. If at any time there is to be a change, deletion or cancellation of my membership, it is to be submitted in writing to the Billings Family YMCA where the membership/program was purchased, along with the membership card(s), by the end of the day on the 28th or 1st of the month bank drafts or by the end of the day on the 12th or 15th of the month bank drafts. No cancellations accepted by phone or fax. Failure to correctly submit request by the correct date will result in that month's EFT being non-refundable.

Acceptance: By signing below, I acknowledge the EFT authorization set forth above and will complete EFT banking information on the next page.

Account holder signature: X _____ **Date:** _____

PAYMENT TYPE: CC/Debit

EFT

Name on Card: _____

Card Type: Visa MC Discover Amex

Card Number: _____

Card Expiration Date: ____/____ CVV: _____

Is your billing address for this card the same as your mailing address? Y/N

If not: Address: _____

City: _____ ST: _____ Zip: _____

Name on Account: _____

Financial Institution: _____

Routing Number: _____

Account Number: _____

Is your billing address the same as your mailing address? Y/N

If not: Address: _____

City _____ ST: _____ Zip: _____

- **The fee paid is based on membership type at the time of registration**
- **The YMCA does not offer refunds for cancelled program fees. In house credit may be issued based on the situation.**

WAIVER/CONSENT FORM:

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.

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. Symptoms can include appearing dazed, stunned, confused, forgets an instruction, move clumsily, answer questions slowly, loses consciousness (even briefly), shows mood, behavior, or personality changes, cannot recall events prior to hit or fall, cannot recall events after a hit or fall, headache, nausea or vomiting, balance problems or dizziness, double or blurry vision, sensitivity to light and noise, feeling sluggish, or groggy.

If suspected of a concussion, participants should receive medical. My signature acknowledges understanding of concussion symptoms and I understand that if my child receives a hit to their head or body and causes any concussion-related symptoms they will be removed from the activity and may not return until they have been cleared by a licensed health care professional. The participant 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.

I have read & understand this waiver, & 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 or Parent Signature Date

Printed Name

YMCA Notes:	Processed in Daxko by:	Supervisor Approving Staff Discount:
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