



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SKAGIT VALLEY FAMILY YMCA Teen Participation Release Form

YOUTH INFORMATION			
First Name	Middle	Last Name	Date of Birth
Street Address		City/State	Zip
ADULT CONTACT INFORMATION			
Guardian 1	Primary Phone	Relationship	
Guardian 2	Primary Phone	Relationship	
Additional Emergency Contact	Primary Phone	Relationship	
Does the participant have any limitations or special medical or behavior concerns the Y should be aware of (medication, allergies, other)? Please list specific details:			
PERMISSIONS/CODE OF CONDUCT ACKNOWLEDGEMENT			
<p>(14 – 17 years) I grant permission for my teen to participate in activities at the Y facility at Hoag Rd.</p> <p>I agree that I am responsible for the conduct of my teen, who shall abide by all policies and procedures of the Skagit Valley Family YMCA, including its Code of Conduct, and understand that failure to act in accordance with these rules may result in revoked privileges, expulsion from the Y and/or revocation of the membership.</p> <p>Guardian Initial _____</p> <p style="text-align: center;"> Youth Signature (Optional) Date </p>			
RELEASE OF LIABILITY			
<p>RELEASE OF LIABILITY: I acknowledge I am the legal guardian of the teen named above and grant permission for said youth to participate in Y activities. I understand accidents can sometimes happen. Therefore, in exchange for the Y allowing my dependent to participate in Y activities, I understand and expressly acknowledge that I release The Skagit Valley Family YMCA, its employees, its board members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in Y activities whether on or off the Y premises. I understand that this release includes any claims based on ordinary negligence, action or inaction of the Skagit Valley Family YMCA, its employees, board members, volunteers or guests.</p> <p>MEDICAL TREATMENT: I give permission for Y staff or volunteers to provide emergency first aid to my teen and to transport to an emergency center for treatment.</p> <p>INSURANCE: I understand the Skagit Valley Family YMCA carries no health and accident insurance for its members or participant's and further understand it is my responsibility to provide such coverage.</p> <p>PROPERTY LOSS: I understand the Y is not responsible for personal property lost, damaged or stolen while using Y facilities, including parking lots, or while participating in Y programs.</p> <p>PHOTOGRAPH PERMISSION: I give permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include my teen's image, words or voice to promote or interpret YMCA programs.</p> <p>I have read and am voluntarily signing this authorization and release:</p>			
_____	_____	_____	_____
<i>Parent/Guardian I Signature</i>	<i>Date</i>	<i>Parent/Guardian II Signature</i>	<i>Date</i>
YMCA OFFICIAL	DATE ENTERED:	STAFF:	

SKAGIT VALLEY FAMILY YMCA

1901 HOAG RD. - MOUNT VERNON, WA 98273

360.336.9622 / www.skagitymca.org

WE'RE FOR: YOUTH DEVELOPMENT, HEALTHY LIVING, & SOCIAL RESPONSIBILITY