



# Born This Way Skagit YMCA Celebrates LGBTQ+ Youth

## Description

Come visit the YMCA to eat shave ice, do crafts, listen to guest speakers and visit local supportive businesses! Also, learn about our inclusive activities happening at the YMCA.

## AGES

ALL AGES ARE WELCOME

## WHEN

Friday June 28th from 2-5pm, guest speakers from 5-7pm

## WHERE

Skagit Valley Family YMCA

## FEE

FREE to the whole community!

This event/activity is NOT being sponsored by any School District, and the District assumes no responsibility for the conduct or safety of the event/activity. In consideration for the privilege to distribute these materials, the School District shall be held harmless from any cause of action, claim or petition filed in any court or administrative tribunal arising out of the distribution of these materials, including all costs, attorney's fees and judgments or awards.

## **CONTACT**

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## **SKAGIT VALLEY FAMILY YMCA**

1901 Hoag Road, Mount Vernon WA 98273

**P** 360 336 9622 **W** skagitymca.org



# 2019 YOUTH ACTIVITY REGISTRATION

NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_ AGE \_\_\_\_\_ PRONOUNS \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME \_\_\_\_\_ CELL \_\_\_\_\_ WORK \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

SPECIAL CONSIDERATIONS (i.e. health conditions, medication, allergies, etc.) \_\_\_\_\_

SHIRT SIZE (circle one) \_\_\_\_\_ YM YL AS AM AL

## VOLUNTEER ACTIVITY GUIDES NEEDED!

### PARTICIPATION & RELEASE OF LIABILITY

**RELEASE/PARTICIPATION:** I am the parent or guardian of the participant. I give my permission for my child to participate in YMCA activities. I understand that accidents can sometimes 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, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers, or guests.

**MEDICAL TREATMENT:** I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

**INSURANCE:** I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

**MEMBER CONDUCT:** I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Skagit Valley Family YMCA. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

**PROPERTY LOSS:** The YMCA is not responsible for personal property lost, damaged, or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

PARENT/GUARDIAN (print) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

OFFICE USE ONLY			
AMOUNT PAID			
DATE	CODE: 06-1331		
CASH	CHECK	CARD	FA
STAFF INITIAL			