

VOLUNTARY RELEASE FORM

I, the undersigned _____ (legal relationship to student, e.g., "parent," "guardian") of _____ (name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMCA.

I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

PHOTO WAIVER

It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I DO NOT CONSENT TO PHOTO/VIDEO RELEASE

Sign _____ Date _____

Parent or Guardian of _____



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y-ABILITY PROGRAMS

HOW DO I REGISTER?

REGISTRATION PERIOD: FEB 1ST, 8PM – FEB 20TH, 12AM

- Only online registration will be accepted
[HTTPS://YSPIRIT.OLDCOLONYYMCA.ORG/SPIRITWEB/LOGIN](https://yspirit.oldcolonyymca.org/spiritweb/login)
Once the class is full, all new registrations will be added onto the waitlist in the order by which they are received
- After online registration is complete, you will receive a confirmation email requesting:
 1. An up-to-date copy of your child's last physical
 2. A signed statement of commitment

These items must be emailed, faxed, or passed into the welcome center within one week of receiving your confirmation email. If we do not have these items, your slot will be filled by someone on the waitlist.

[OLDCOLONYYMCA.ORG/YABILITYPROGRAMS](https://oldcolonyymca.org/yabilityprograms)

PROGRAM REGISTRATION

YMCA membership holder not a YMCA membership holder

Participant First Name: _____

Pronouns: SHE/HER/HERS HE/HIM/HIS

Participant Last Name: _____

Age (as of 2/25/18): _____ Birthdate: _____

SWIM-ABILITY (2/25-4/8)

- (SUN) 1-1:45pm; Ages 5-7
- (SUN) 2-2:45pm; Ages 5-7
- (SUN) 3-3:45pm; Ages 8-11
- (SUN) 4-4:45pm; Ages 12+

BEAT-ABILITY (2/26-4/9)

- (MON) 4:15-5pm; All Ages

FIT-ABILITY (3/2-4/13)

- (FRI) 4:30-5:30pm; Ages 12+

CONTACT INFORMATION

Parent/Guardian 1 Name: _____

Parent/Guardian 2 Name: _____

Preferred Daytime Phone (1): _____

Preferred Daytime Phone (2): _____

Preferred Email Address: _____

Home Address: Street: _____ Town: _____ Zip: _____

EMERGENCY CONTACT (LOCAL) WHO CAN PICK UP PARTICIPANT

Name: _____ Phone: _____ Relationship: _____

ALLERGIES

None Known

Known Allergy: _____

Reaction/Treatment: _____

Known Allergy: _____

Reaction/Treatment: _____

Known Allergy: _____

Reaction/Treatment: _____

Known Allergy: _____

Reaction/Treatment: _____

Known Allergy: _____

Reaction/Treatment: _____

CHILD HAS A DIAGNOSED HISTORY OF: _____

Please provide any additional information that will be helpful for us to know: _____

*Please note you may be asked to meet with staff to discuss your child's medical history

Signature of Parent/Guardian: _____

Date: _____