

SPEARS FAMILY YMCA 2010 ADULT SPRING SPORTS

Sport: _____ Division: _____

YMCA Member / Non-Member: _____

DOB ____/____/____ Age: _____ Gender: M / F

Name: _____

Phone: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Team/Player Preference _____ Captain _____

Emergency contact: Name _____

Phone (H) _____ (W) _____ (C) _____ - _____

Request for Permission: I, the above, hereby register myself to participate in the YMCA of Greensboro Adult Sports Program.

Assumption of Risk: I acknowledge and understand that there is a risk of injury involved in participation of sport activities. I agree to follow the instructions of the league at all times in order to avoid injury to myself. However, I acknowledge and understand that injuries may and do occur. I freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in the adult sports program.

Release: In consideration of the acceptance of this entry, I hereby, for myself, my heirs, executors, administrators and assigns, release and discharge the YMCA of Greensboro, and all other sponsors, staff and organizers from injury or loss which might occur during my participation to and from said events, YMCA of Greensboro's Adult Sports Leagues. I specifically release and discharge the said promoters and sponsors from all injuries or damages arising from or contributed to by any physical impairment or defect I may have, whether latent or patent and agree that they are under no obligation to provide a physical examination or other evidence of my fitness to participate in such events, the same being my sole responsibility.

Photographs: Photographs may occasionally be taken of the program participant during the sport. By signing this registration form, I consent to the use of pictures of me for displays, brochures, and promotional materials with no compensation to me.

Participants Initials: _____

Certification of Fitness and Medical Authorization: In the event that I am not able to make arrangements for Emergency Medical attention at the time of an illness or accident, I hereby authorize the YMCA to take me to the nearest emergency facility for treatment deemed necessary by the medical attendant.

Physician _____ Office Phone _____

In case of accident or injury you will be taken to the nearest emergency facility. You should authorize your physician to accept any call from the YMCA for emergency medical attention.

Signature: _____ Date: _____

Insurance Co: _____ Policy #: _____