

Jackson Y Guest/Program Participant
PLEASE PRINT

Name (18 or Older) _____ DOB _____
First Name Middle Initial Last Name

Spouse Name _____ DOB _____
First Name Middle Initial Last Name

Address _____ City _____ State _____ Zip _____

Home/Cell Phone _____ Email _____

Emergency Contact _____ Phone _____
 (Other than Spouse or Parent listed above)

I agree that the Jackson YMCA is not responsible for any personal injuries or losses sustained by me while on the YMCA premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and hold harmless the Jackson YMCA from any claims or demands arising out of any such injury or loss.

Signature _____ Date _____

Spouse Signature _____ Date _____

List all Dependent Children

Gender (Circle One)

_____	_____	_____	_____	Male	Female
<small>First</small>	<small>Middle Initial</small>	<small>Last</small>	<small>Date of Birth</small>		
_____	_____	_____	_____	Male	Female
<small>First</small>	<small>Middle Initial</small>	<small>Last</small>	<small>Date of Birth</small>		
_____	_____	_____	_____	Male	Female
<small>First</small>	<small>Middle Initial</small>	<small>Last</small>	<small>Date of Birth</small>		
_____	_____	_____	_____	Male	Female
<small>First</small>	<small>Middle Initial</small>	<small>Last</small>	<small>Date of Birth</small>		
_____	_____	_____	_____	Male	Female
<small>First</small>	<small>Middle Initial</small>	<small>Last</small>	<small>Date of Birth</small>		

I give my permission for the child/ren above to participate in activities at the Jackson YMCA. I agree that the Jackson YMCA is not responsible for any personal injuries or losses sustained by my child/ren while on the YMCA premises, or as a result of any YMCA sponsored activities. I further agree to indemnify and hold harmless the Jackson YMCA from any claims or demands arising out of any such injury or loss.

Parent or Legal Guardian Signature _____ Date _____

<u>For Office Use</u>	Guest pass registered? Y or N
Date: _____	If no please explain: _____
<input type="checkbox"/> Alert Set	_____
<input type="checkbox"/> Unit ID #: _____	_____
Waiver used for: _____	Staff Initials: _____