



RYE YMCA TEEN ACCESS CARD

LAST NAME	FIRST NAME AND INITIAL	BIRTH DATE
GENDER	JOIN DATE	RENEWAL DATE
STREET ADDRESS	APT. #	CITY STATE ZIP
HOME PHONE	CELL PHONE	EMAIL
SCHOOL	CURRENT GRADE	
PARENT / GUARDIAN 1	HOME PHONE	WORK PHONE
PARENT / GUARDIAN 2	HOME PHONE	WORK PHONE
EMERGENCY CONTACT	RELATIONSHIP	PHONE

This Teen Access membership is not a full YMCA membership. This 2010-2010 Teen Access card is valid from 9/7/2010 to 6/24/2011, from 2:30pm – 7pm (Mon – Fri) and during Fri/Sat Teen Night and events from 7 – 10pm. On half/no school days from Noon – 7pm. Participants are limited to Teen Programs only and do not have access to the Fitness Center. Teen Access privileges may be suspended or revoked for failure to comply with our YMCA values of caring, honesty, respect and responsibility. **Please Turn Over to Complete the Parent / Guardian Waiver**



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Waiver/Release of Liability

PLEASE READ CAREFULLY BEFORE SIGNING.

I, _____ the parent/guardian of the participant understand the programs that my child will have access to and able to participate in (full list is available at the front desk or online). I recognize that there are risks inherent in physical activity, including but not limited to, paralyzing injuries and death.

The person signing this document hereby represents that he or she has advised the Teen Staff of any facts known to him or her which would make the participant more susceptible to injury or risk of injury as a result of participating in YMCA activities than would be the average person of the same age. Any parent or legal guardian signing further represents that he or she has thoroughly explained to the minor participant the risks associated with participating in YMCA activities and programs using language appropriate to the age and intellectual capacity of the participant(s).

The participant(s) hereby agrees to participate in all activities and hereby agrees along with the person signing this document to indemnify and hold harmless the Rye YMCA; it's officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant(s) while participating in YMCA activities. The participant(s) and the person signing this document also agrees to indemnify the Rye YMCA for any damages incurred arising from any claims, demand, action or cause of action by the participant(s).

The person signing this document authorizes a representative of the Rye YMCA to have the participant(s) treated in any medical emergency during their participation in activities. Further, the parent/guardian agrees to pay all costs associated with medical care and transportation for the participant(s). I, the undersigned, have noted any medical/health problems of which the staff should be aware.

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

Signed: _____
(Parent/Guardian)

Date: _____

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