



2016-2017 YMCA Youth & Government Student Registration Form

Fee: \$25.00 (per student)
P.O. Box 66212 Baton Rouge, LA 70806

Student's Name _____

Student's email address _____

Address _____ City _____ State _____ Zip _____

Sex _____ Age _____ DOB ____/____/____ Home Phone _____

School _____ Grade _____ Years in program _____

Mother's Name _____ Phone _____ Work# _____

Father's Name _____ Phone _____ Work# _____

Emergency Contact _____ Phone _____

I grant the YMCA or its agents permission to transport my child in the event of an emergency and I am unable to be contacted. I recognize that participation in YMCA activities may expose my child to some risk of injury. I agree to hold the YMCA harmless from any claims for damage to property or injury, which may occur through participation in any activity at the YMCA or its programs.

Media Promotional Materials

In further consideration of my child being allowed to participate in YMCA activities, I hereby grant permission for my child's name, voice, picture and basic personal information to be used in any YMCA marketing publication or related materials. I also grant permission for my child to appear on television as a participant in YMCA activities. As a YMCA participant, I authorize the YMCA to use any images taken of my child for promotional purposes of the YMCA.

*The YMCA does not provide accidental/medical insurance for program participants.

*There is a \$25.00 charge on all returned checks.

*A \$10.00 processing fee is charged on all refunds.

Student's Signature _____ Date _____

Parent's signature _____ Date _____