



# YMCA INDOOR PARK

## Infant, Toddler & Pre-Schoolers through age 6

Fill out form completely **TYPE or P-R-I-N-T legibly** Fill out form completely

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ - \_\_\_\_\_ Cell/Work Phone # \_\_\_\_\_ - \_\_\_\_\_

E-Mail \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

[ENTER ALL PARENT(S) / LEGAL GUARDIAN(S) NAMES WHICH APPLY]

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_

### **FEES:**

**Children who have a YMCA Membership are FREE!**

**Program Members: \$2 per child (up to \$6 per family) per day**

**OR**

**\$60 Child Season Pass or \$90 Family Season Pass**

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1. No eating, drinking (excluding water) or tobacco products allowed.
  2. Babies should be changed in the restroom area. No diaper changes on the stage or gymnasium floor.
  3. Children who are old enough to walk MUST wear shoes.
  4. Parents are responsible for the behavior and safety of their own children and any guest children they may bring. They should also monitor their behavior as it relates to other children.
  5. **We would like to maintain a "well-child" environment, so no sick kids, please!**
  6. Bleachers are off limits.
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**WAIVER and AUTHORIZATION.** On behalf of my child: I certify that my child is in good physical condition and can participate in the YMCA Indoor Park program named above. Knowing that the YMCA does not carry accident insurance on program participants I will be financially responsible for any medical and/or other charges in connection with my child's participation in the program. I hereby waive, release and hold harmless the YMCA and any and all persons and organizations associated with the program from any and all injuries, negligence, damage and for any claims or causes of action arising from my child's participation in the program. BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING.

Parent / Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL or BRING COMPLETED FORM and FEES TO**

**Baker County Family YMCA  
580 Baker Street  
Baker City, OR 97814**

**FOR OFFICE USE ONLY**

Amount Paid \_\_\_\_\_  
Date \_\_\_\_\_  
Receipt # \_\_\_\_\_

**Forms may also be returned to: YMCA Fitness Center; 2021 Main Street  
Phone: 523-YMCA (9622)**