



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Shorinkan Karate

Ages 18+

****All fields need to be completed or registration will be delayed and fees may be accrued.**

P-R-I-N-T NEATLY

Participant's Name _____
(first) (last)

Birth Date ___/___/___ Male Female

Address _____

City _____ State _____ Zip Code _____ Phone # _____

Email: _____

Months registering for: ___ Sept ___ Oct ___ Nov ___ Dec

Emergency Contact

Name _____ Home # _____ Work # _____ Cell # _____

Please list any medical needs and / or allergies you may have: _____

FEES

Y Member: \$30

Non Member: \$45

The Baker County YMCA will not deny participation in any of its programs because of an individual's lack of funds. Contact the YMCA Front Desk Staff, Monday through Friday, 9:00 a.m. to 3:00 p.m. for information regarding limited, partial scholarship applications which should be turned in at least two weeks before the sign-up deadline.

WAIVER AND AUTHORIZATION: I certify that I am in good physical condition and can participate in the YMCA sports program named above. Every reasonable effort will be made to ensure the safety of the playing fields and facilities, however the YMCA does not assume responsibility for lost or stolen articles or for personal injuries sustained by participants. I realize that there is potential for injury in sports programs and I agree to assume those risks. In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the coaches, directors or other personnel associated with the program to secure proper treatment and/or hospitalization for me. 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 participation in the program. I hereby waive, release and hold harmless the YMCA, its sponsors 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 participation in the program. I give permission for media to be taken of me to be used for YMCA promotional purposes and sponsors. BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Participant Signature _____

Date _____

OFFICE USE ONLY:

Date: _____ Amount Paid: _____ Registered By: _____