



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA Shorinkan Karate

## Ages 8-18

**\*\*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 # \_\_\_\_\_

Parent first name: \_\_\_\_\_ Parent last name: \_\_\_\_\_

Cell phone number: \_\_\_\_\_

Months registering for: \_\_\_ Sept \_\_\_ Oct \_\_\_ Nov \_\_\_ Dec

### Emergency Contact (other than Parent/Guardian)

Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any medical needs and / or allergies your child may have: \_\_\_\_\_

**FEES**

**Y Member: \$30**

**Non Member: \$45**

The Baker County YMCA will not deny participation in any of its youth 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:** On behalf of my child: I certify that my child is 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 my child. 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, 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 child's participation in the program. I give permission for pictures taken of my child(ren) to be used for YMCA promotional purposes.

BY MY SIGNATURE BELOW I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THE FOREGOING

Parent / Legal Guardian Signature

Date

OFFICE USE ONLY:

Date: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Registered By: \_\_\_\_\_