

TEEN OUTREACH PROJECT REGISTRATION AND WAIVER

NAME OF PARTICIPANT:

GRADE:

SCHOOL:

DATE OF BIRTH:

AGE:

SEX

PHYSICAL ADDRESS:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

HOME PHONE:

E-MAIL ADDRESS:

EMERGENCY CONTACT INFORMATION:

NAME:

PHONE:

RELATIONSHIP:

NAME:

PHONE:

RELATIONSHIP:

HEALTH INSURANCE INFORMATION:

CARRIER:

POLICY #

POLICY HOLDER'S NAME

PREFERRED HOSPITAL

PHYSICIANS NAME

PHONE NUMBER

HEALTH INFORMATION:

ALLERGIES:

MEDICATIONS:

OTHER CONDITIONS:

ANY OTHER SPECIAL NEEDS, LIMITATIONS OR CONCERNS:

WAIVER:

By this enrollment of my child in this program sponsored by the Huntersville, Davidson, and Cornelius Parks and Recreation Departments and the Lake Norman YMCA, I certify that I have disclosed to the Town of Huntersville, Davidson, and Cornelius and the Lake Norman YMCA any restrictions or conditions that may hinder my child's participation in this program. I certify that the above information is full and accurate and understand that any omissions or errors will result in exclusion or expulsion from this program. In signing this waiver, I also give my permission for my child to participate in all activities associated with this program, including those activities/field trips requiring or involving transportation. I certify that I have full legal authority to sign this waiver and make it legally binding and enforceable.

I hereby give permission to the above four parties to use any photographs taken by the Town of Huntersville, Davidson and Cornelius and the Lake Norman YMCA, their officers, employees or agents, of either me or my child/ren, during participation in this program, class or event. I agree such photographs shall be the property of the Town of Huntersville, Davidson and Cornelius and Lake Norman YMCA and I am not entitled to compensation of any kind for use of such photographs.

I furthermore hereby release, discharge, save and hold harmless the Towns of Huntersville, Davison and Cornelius and The Lake Norman YMCA, their employees, volunteers, instructors and contractors from any and all actions, claims, demands and costs for any injury, damages or illness my child may suffer as a result of his/her participation in this program and associated activities.

Parent/Guardian Signature

Date