



Union County Family YMCA  
Youth Karate Registration Form

Child's Name: \_\_\_\_\_

Last

First

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Monthly Rate: Member Rate \$40.00

Please Circle: Male / Female

Non-member Rate \$50.00

Mother's Name \_\_\_\_\_

Day Time Phone \_\_\_\_\_

Father's Name \_\_\_\_\_

Day Time Phone \_\_\_\_\_

Previous Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PERMISSION FOR ENROLLEMENT AND RELEASE OF YMCA FROM LIABILITY

The undersigned, who hereby represents that he or she is the natural parent (or legal guardian) of \_\_\_\_\_ does hereby consent to said minor (child's) participation in programs or activities of the Union County Family YMCA. In exchange for the YMCA allowing said minor to participate in programs and/or activities the undersigned does hereby assume all risks and hazards incidental to the conduct of this said activity whether because of negligence, action or inaction by the YMCA or its staff, volunteers or agents during games, practices and/or transportation to and from activities. The undersigned expressly acknowledges that he or she releases the YMCA and its staff for any injury, loss or damage connected any way whatsoever to participation in the YMCA activities whether on or off the YMCA's premises. The undersigned acknowledges that participation in the YMCA in the activity involves risk of contact between participants. I, the undersigned, acknowledge that I have read and am voluntarily signing this authorization and release.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_