



**Union County Family YMCA  
Youth Karate Registration Form**

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

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

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

Please Circle: Male / Female

**Monthly Rate: Member Rate -> \$40.00**

**Non-Member Rate -> \$50.00**

Mother's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Previous Experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**RELEASE AND WAIVER OF LEGAL LIABILITY**

The undersigned, who hereby represents that he or she is the natural parent (or legal guardian) of \_\_\_\_\_ (child) 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 \_\_\_\_\_

**SEE BACK FOR MORE**



To help us prepare for your child's arrival, please check any that your child has experienced. \*If you choose any of these options, this will not disqualify your child from participating or limit their participation in any way. Your Program Director will get in touch with you before the program begins to gain more insight about how we can best support your child.

- Behavior intervention Plan, 504 Plan or has an IEP.
- Attempted or carried out self-harm.
- Requires additional supervision or support to safely participate in group activities.
- Has difficulty following directions or staying with a group.
- Has a history of physical aggression (hitting, kicking, biting, etc.).
- Has a tendency to run away or leave designated areas without permission.
- Has sensory sensitivities or difficulty in loud/active environments.
- Has emotional or behavioral challenges that staff should be aware of.
- Has experienced or expressed thoughts of self-harm.
- None of the above.

Please let us know any special accommodations or comments that would help us care for your child.