



Teen Membership Application

Student information

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

School: _____ Grade: _____

Parents/Guardian Name: _____

Parent/Guardian Workplace: _____

Parent/Guardian e-mail: _____

I understand the YMCA of Greenville assumes no responsibility for injuries which may be sustained as a result of participation in activities provided through FYI. I expressly acknowledge that I assume risk for any and all injuries that may result from participation in said activities. In consideration of the privileges of joining the FYI, I hereby voluntarily release the YMCA, its agents, servants and employees from any and all claims for injury, illness, death, loss or damage that may be suffered as a result of participation. I understand the YMCA of Greenville is not responsible for personal property lost or stolen while program participants are on premises or engaged in programming. I have read and understand the YMCA of Greenville code of conduct. I understand that failure to adhere to these expectations could result in suspension or termination of membership privileges. I hereby give my permission for any photographs, video or other likenesses of my child taken in conjunction with this center to be used by the YMCA in any promotional materials.

Teen Signature

Date

Parent/Guardian Signature

Date



(Please complete Medical release on back of form)



Parental /Medical Release

Student Name: _____

Date of Birth: _____ Social Security Number: _____

Insurance Carrier: _____ Policy Number: _____

In Case of Emergency, please contact: _____

Additional contact (Friend, Neighbor): _____ Phone: _____

I have consented to my child becoming a member of the YMCA of Greenville’s FYI Teen Center. I hereby grant permission to any doctor or health care facility to take any actions deemed necessary to protect the health and well-being of my child. This permission includes but is not limited to surgery and blood transfusions. I further agree that I will be responsible for payment for the services rendered, and I hereby agree to indemnify the YMCA and any of its employees for any expenses for caring for my child. I recognize that the YMCA is not responsible for any medical decisions made by medical personnel, and I agree to hold the YMCA harmless for any actions taken by medical personnel. I agree to hold harmless the YMCA, its staff and/or volunteers for any injuries or incidents caused as the result of my child’s participation in events and programs.

Please list any medications your child is taking: _____

Please list any allergies your child has: _____

Please list any medical conditions that may limit your child’s participation:

Please list any other concerns or information we may need: _____

Please check any of the following medications you will allow YMCA staff to administer to your teen: _____ Tylenol _____ Benedryl _____ Pepto Bismol

Parent/Guardian Signature Date

