



YMCA of Greater Westfield
 67 Court Street
 Westfield, MA 01086
 413.568.8631

WAVE SWIM TEAM STROKE AND TURN CLINIC REGISTRATION FORM

Child's first name:		Child's last name:	
Stroke Clinic Selection:		<input type="checkbox"/> 10 and under <input type="checkbox"/> 11+	
Child's gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other:		Child's birth date (mm/dd/yyyy):	
Name of parent/caregiver:			
Street Address:			
Zip code:	Phone:	Email:	
Emergency contact:		Emergency phone:	

Does your child currently swim competitively? Yes No If Yes, where:

Authorized Pick-ups: In addition to the Parent /Caregiver and Emergency Contact listed above only those individuals listed below will be able to pick up the child from the Y. A valid photo ID is required for pick up

Name _____ Relation _____ Cell _____

Name _____ Relation _____ Cell _____

Name _____ Relation _____ Cell _____

Please list any allergies and/or health concerns that we need to be aware of (including food allergies)

Please initial each item below

_____ I authorize my child to participate in the Westfield Wave Stroke and Turn Clinic from April 24-May 4, 2023.

_____ I authorize the YMCA of Greater Westfield to take photographs/videos of my child and for the YMCA to use those images for marketing and promotional purpose.

Please review and return the attached Minor Participation Waiver.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING THE YMCA OF GREATER WESTFIELD, INC. FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR.

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below ("Minor"), acknowledge and agree that any use of The YMCA of Greater Westfield's facilities, services, equipment and premises ("Facilities") and any participation in The YMCA of Greater Westfield's programs and activities ("Programs") comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor's use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that The YMCA of Greater Westfield, Inc., its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (print clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (print clearly)