



YOUTH STRONG INTAKE AND AGREEMENT FORM

YMCA OF GREATER WAUKESHA COUNTY

PARTICIPANT DETAILS

*required information

*Registration Date: _____

PARTICIPANT INFORMATION

*First Name:		Nickname/preferred:	*Last Name:	
*Date of Birth: ____/____/____ MM DD YYYY	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Address Street 1: Street 2: City: *State: *ZIP Code:		
Home Phone: () -	Mobile Phone: () -			
Email (YMCA use only):		Preferred Contact Method (select one): <input type="checkbox"/> Email <input type="checkbox"/> Mobile – Call <input type="checkbox"/> Home Phone <input type="checkbox"/> Mobile – Text		

EMERGENCY CONTACTS INFORMATION

*First Name:	*Last Name	*Relationship	Phone Number: () -
*First Name:	*Last Name	*Relationship	Phone Number: () -

ACKNOWLEDGEMENT & AGREEMENT

In consideration of being allowed to participate in the Youth Strong program at the YMCA of Greater Waukesha County.

I _____ do hereby recognize and agree that in consideration of being allowed to participate in the Youth Strong program at the YMCA of Greater Waukesha County, I, as the parent or legal guardian of the participant named above, agree to the following:

1. I understand that the participant is responsible for communicating with the instructor if they experience any unusual symptoms during the program and may cease participation at any time.
2. I understand that the Youth Strong program includes access to activities that may challenge cardiovascular, neurological, muscular, and skeletal systems. The body's reaction to these activities cannot be predicted with certainty.
3. I recognize the risks involved with physical activity, including but not limited to strained muscles, sprains, heart events, and other potential medical issues. Any wellness or fitness assessments are not diagnostic in nature.

4. I understand this information will help guide the participant's fitness activities, and that they are encouraged to self-monitor and communicate any concerns to YMCA staff.
5. I acknowledge the recommendation from the YMCA that participants receive medical clearance from a physician before beginning any fitness program.
6. I understand that participation carries inherent risks, including potential for injury, disability, or death. The participant agrees to follow all program guidelines and avoid unsafe behavior.
7. I acknowledge that the YMCA of Greater Waukesha County has made a good faith effort to reduce these risks and to make this program activity reasonably safe for my participation. I knowingly and freely assume all such risks, whether known or unknown, which may relate to or arise out of the program or activity and accept full responsibility for my participation. If, during my participation in the Youth Strong Program or activity, I observe an unusual or significant hazard, or I do not feel well, I will remove myself from participation and bring such hazards to the attention of a staff member of the YMCA of Greater Waukesha County.
8. To the fullest extent permitted by law, I hereby forever indemnify, release and hold harmless the YMCA of Greater Waukesha County, its officers, agents, employees, sponsors, and any owners or lessors of premises or property used in this program or activity, from any and all liability, claims, damages, losses and expenses of any kind (including attorney fees), for property damage or personal injury, including disability or death, which may arise in any way out of my participation in programs or activities of the YMCA of Greater Waukesha County. I expressly indemnify and hold harmless the YMCA of Greater Waukesha County, its officers, agents and employees, from and against all injury, damage or expenses arising out of its own negligent acts or omission, unless such expense, injury or property damage result solely from the gross negligence or willful misconduct of the YMCA of Greater Waukesha County and/or its agents, officers or employees.

ACKNOWLEDGEMENT

I have read and understand this Youth Strong Intake & Agreement Form and Release of Liability. I understand the risks involved and agree to all terms.

Participant Name (Print)

X _____
(Parent/Guardian Signature)

Date: _____