



**Altavista Area YMCA
2021 Dixie Softball
Feb. 1st through March 8th
www.altavistaymca.com**

Age as of Aug. 1, 2021 _____ (For ages 7 through 15)

I am interested in volunteering as a:	<input type="checkbox"/> Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Team Mom
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Players Name _____ Birth Date _____ Boy or Girl _____

T-Shirt size (circle one)

Youth Small (6/8) Youth Medium (10/12) Youth Large (14/16) Adult Small Adult
Medium Adult Large Adult X-Large

Physical Address (No PO Boxes) _____ City _____ Zip _____

Mailing Address (If Different) _____ City _____ Zip _____

The YMCA conducts regular sex offender screening on all members, participants, and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access.

Provide the following information so that we may screen necessary data bases.

Print Parent's/Guardian's Name & Date of Birth

E-mail address (print eligibly): _____

Primary contact Phone # _____



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 ALTAVISTA AREA YMCA 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 Altavista Area YMCA facilities, services, equipment and premises ("Facilities") and any participation in the Altavista Area YMCA 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 including, without limitation, COVID-19. 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 [Organization], 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.

I give authorization for the Altavista Area YMCA to photograph myself, my child, or other family members, while participating in YMCA programs.

Minor Name

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)

YMCA Member or Town of Altavista Resident \$50 Non-Members or Out-of-Town: \$60	
Amount Paid \$ _____	Check # _____
Cash _____	Credit Card _____
Scholarship _____	
Received By: _____ (Staff Initials) Date Paid: _____	