

SATURDAY, APRIL 21, 2018



BECOME A SUPERHERO FOR THE DAY

**AGES 3 MONTHS - 12 YEARS
HOURS ARE 8:00 AM - 10:30 AM**

- Mask Yourself Art Project
- Defeat Villains with our Hero Games
- Much more superhero fun!



**PRESENTED BY THE
YMCA OF CATAWBA VALLEY**

REGISTRATION FORM

Participant Information

First _____ Last _____ Preferred _____

M F Birthdate ____/____/____ Current Grade _____

Address _____ City _____ State _____ Zip _____

Allergies / Medical Conditions: _____

Parent/Guardian Information

Relationship to Participant _____

Name _____ M F Birthdate ____/____/____

E-mail _____ Preferred Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian Information

Relationship to Participant _____

Name _____ M F Birthdate ____/____/____

E-mail _____ Preferred Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

The following are authorized to pick up participant:

Name _____ Relationship _____ Phone _____ Address _____

Name _____ Relationship _____ Phone _____ Address _____

Name _____ Relationship _____ Phone _____ Address _____

Waiver of Liability: I fully assume and understand the risks of my child participating in the YMCA program including death or injury due to falls, collisions with other participants, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I attest that my child is physically fit to participate. In the event my child needs medical attention and I am unavailable, I authorize program staff to provide medical attention at my expense should my child appear in need. I carry Medical Insurance on my child and will provide the YMCA with that information. For injuries my child sustains, including death, I agree to save and hold harmless the YMCA of Catawba Valley, volunteers, program staff, suppliers, contractors and anyone else connected with the organization of this program from any claim or lawsuit that may be brought at any time by me, my family, estate, heirs or assigns arising from my child's participation in this program or the instructions received. I agree that images taken of my child during this program may be used in any legal manner without payment to me. The YMCA reserves the right to reject any and all applications and to terminate any and all program privileges by refunding the prorated program fees. Such rejection or termination is to be the sole discretion of the YMCA of Catawba Valley. I authorize the YMCA to transport my child on field trips and to play outside fenced-in areas at the YMCA. I make this agreement and pay the program fee in exchange for the privilege of my child participating under the conditions of the program.

Parent/Guardian Signature

Date