



# BIG TEEPEE FEDERATION PARENT/CHILD EVENT REGISTRATION FORM



The YMCA accepts its responsibility to create an environment where models of acceptable behavior are found, and prohibits its staff, volunteers, and participants from consuming alcohol at YMCA events. The alcohol policy will be enforced at each event. Please don't risk participation in future events!

Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Tribe: \_\_\_\_\_ Tribe Chief's Name: \_\_\_\_\_

New Participant? Yes \_\_\_\_\_ No \_\_\_\_\_

EVENT	CODE	DEADLINE	COST	NUMBER ATTENDING	TOTAL (\$)
Planting Moon Campout	10APR 2990		\$35 per father/child \$15 per additional child		
Cougars Overnight	10JUN 2990		\$60 per father/child \$25 per additional child		
<b>STRONG KIDS PATCH</b>	Help the YMCA never turn anyone away due to an inability to pay. <b>\$10 - Voluntary Donation</b>				
<b>TOTAL</b>					

Payment Type: Master \_\_\_\_\_ Visa \_\_\_\_\_ Debit card \_\_\_\_\_ Discover \_\_\_\_\_ Draft \_\_\_\_\_ Check # \_\_\_\_\_  
 Card No. \_\_\_\_\_ Exp. \_\_\_\_\_ Holder name \_\_\_\_\_

**Registration Form and Waiver of Liability**

Participant or guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the Heritage YMCA Group, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the Heritage YMCA Group, and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents. I hereby allow the YMCA to take pictures (still or video) of my self and/or my children and grant permission for these images to be used in YMCA publications, presentations, publicity, or promotions. I have answered all above questions accurately, declare myself/family to be physically sound, having medical approval to engage in YMCA activities, have read the information above agreeing for myself and as a chosen representative for my family to the policies and procedures of the Heritage YMCA Group.

**Employee Use:**

Initials: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Center: \_\_\_\_\_

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_