



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 (\$) |
|----------------------------------|---|----------|---|------------------|------------|
| Winter Campout | 10jan2990 | | \$125 per father/child \$35 for each additional child | | |
| Winter Campout- Friday to Sunday | 10jan2991 | | \$165 per father/child \$35 for each additional child | | |
| | | | | | |
| STRONG KIDS PATCH | Help the YMCA never turn anyone away due to an inability to pay. \$10 - Voluntary Donation | | | | |
| TOTAL | | | | | |

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 _____