



## Registration Form

**Participant Name:** \_\_\_\_\_ **Site:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ T-shirt Size: YM YL S M L

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Guardian's Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Emergency Contacts (contacted only after efforts to reach parent/guardian fail):**

Contact #1: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

**Allergies** (please list any/all allergies participant has experienced):

\_\_\_\_\_

**Medications** (please list any/all medications participant is currently taking):

\_\_\_\_\_

**General Questions** (If "YES", please explain below):

QUESTION	YES	NO	QUESTION	YES	NO
1. Had any recent injury, illness or infectious disease?			16. Ever had german measles?		
2. Have a chronic or recurring illness/condition			17. Ever had hepatitis?		
3. Ever been hospitalized?			18. Ever had back problems?		
4. Ever had surgery?			19. Ever had problems with joints?		
5. Have frequent headaches?			20. Ever had chest pain during or after exercise?		
6. Ever had a head injury?			21. Have any skin problems?		
7. Ever been knocked unconscious?			22. Have diabetes?		
8. Wear glasses, contacts or protective eyewear?			23. Have asthma?		
9. Ever passed out during or after exercise?			24. Had mononucleosis in the past 12 months?		
10. Ever had frequent ear infections?			25. Had problems with diarrhea/constipation?		
11. Ever been dizzy during or after exercise?			26. Ever had an eating disorder?		
12. Ever had seizures?			27. Ever had high blood pressure?		
13. Have orthodontic appliance being brought to school?			28. Ever been diagnosed with a heart murmur?		
14. Ever had emotional difficulties for which professional help was sought?			29. Ever had chicken pox?		
15. Ever had measles?			30. Ever had mumps?		

**Please explain any "yes" answers, noting the number of the questions:**

\_\_\_\_\_

**Insurance Information:**

Is participant covered by insurance? YES NO

Carrier/Plan Name: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Group #: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Preferred Hospital Provider:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Wilmington Family YMCA  
RELEASE AND WAIVER OF LIABILITY  
AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned hereby

- 1. RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
- 2. AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA.
- 3. ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of North Carolina and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

\_\_\_\_\_  
date signature

\_\_\_\_\_  
date parent's or guardian's signature  
(if participant is legally a minor)

**Race Wavier:**

In consideration and acceptance of my participation in any races associated with GOTR or STIRDE, I, my heirs and my assigns waive any and all claims to which I may become entitled and hereby release the Wilmington Family YMCA, all other organizations, organizers, sponsors, representatives, their agents and employees and any other person(s) assisting in putting on the event from any and all claims for damages or injury incurred by me as a result of my participation in or traveling to or from this event. I further state that I am in proper physical condition to complete the run. I also give my permission for the free and unrestricted use of my name and picture in a broadcast, telecast, or written account of the event.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date