



Registration and Permission Slip  
**20th Annual Girls & Sports Day**  
**Saturday, September 17th, 2022**  
**12:30pm - 6:30pm**

FOR YOUTH DEVELOPMENT  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

James Family Prescott YMCA • 750 Whipple St, Prescott

Cost: \$15.00 Pre-Registration/\$20.00 Day of Event  
 (no refunds, transfers, or credits)

Please *register early* as we expect to fill all 150 spaces

**Drop off or mail registrations to the Prescott YMCA, 750 Whipple St. Prescott, AZ 86301**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age Group (circle one): 7-8 9-10 11-14

School Attending \_\_\_\_\_ Grade \_\_\_\_\_

Email \_\_\_\_\_ (for information and reminders)

Mother's Name \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Father's Name \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Phone # and contact name day of event \_\_\_\_\_

Allergies or conditions that may limit activity: \_\_\_\_\_

How did you hear about Girls & Sports Day? \_\_\_\_\_

Previous Participant? (circle) Yes No If yes, how many years? \_\_\_\_\_

For grant purposes only - Ethnicity \_\_\_\_\_

**I acknowledge that participants cannot be guaranteed a risk-free environment from COVID-19 during this North Star Youth Partnership/Prescott YMCA event. \_\_\_\_\_ (Initial)**

My daughter has my permission to participate in Girls & Sports Day. In case of accident, injury or illness, the Prescott YMCA has my authorization to secure, at my expense, such medical treatment as is deemed necessary. I understand that I will not hold the Prescott YMCA or North Star Youth Partnership responsible for accidents or injury that may occur during the activities. I understand that the Prescott YMCA does not provide medical insurance for participants. I also authorize the Prescott YMCA / North Star Youth Partnership to photograph and / or video my daughter while participating in Girls & Sports Day activities for future display and publications in order to promote this program. I also authorize my daughter to answer any survey questions asked throughout the day.

Parent / Guardian Name (printed) \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*\*\*OVER\*\*\***

North Star Youth Partnership 434 W Gurley St Prescott, AZ 86301 928-708-7214 northstaryouth.org

James Family Prescott YMCA 750 Whipple St. Prescott, AZ 86301 928-445-7221 prescottymca.org



**PRESCOTT YMCA OF YAVAPAI COUNTY  
("YMCA")**

**CONFIDENTIALITY, RELEASE, WAIVER, AND INDEMNITY AGREEMENT**

**IN CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION OF ANY PROGRAM BY OR AFFILIATED WITH THE YMCA AT ANY LOCATION (SUCH ACTIONS COLLECTIVELY REFERRED TO HEREIN AS "PARTICIPATING"). I PERSONALLY, AND ON BEHALF OF MY FAMILY MEMBERS NAMED BELOW (COLLECTIVELY, "FAMILY"). HEREBY UNDERSTAND, ACKNOWLEDGE AND AGREE TO THE FOLLOWING:**

- 1) Prior to participation, I will inspect the facilities and equipment to be used, and if I believe anything is unsafe, I will immediately advise YMCA staff of such condition(s) and will not, nor will my family, to use such facilities or equipment.
- 2) I and or/my family may be or may not result from my/his/her own actions, inactions, or negligence or from the participation. There may be risks not known to the YMCA or not reasonably foreseeable.
- 3) To assume all risks of participation and specifically, WAIVEE, RELEASE, IDENMIFY, DEFEND and FOREVER DISCHARGE AND CONVANT NOT TO SUE the Prescott YMCA of Yavapai County and its officers, directors, employees, agents, representatives, affiliates, and volunteers (hereinafter referred to as "Releasees") for, from and against any and all claims, demands causes of action, losses, costs, liability, damages, or expenses (including reasonable attorney's fees) for any and all harm or anticipated harm including, but not limited to, personal injury pain and suffering, loss of wages, loss of consortium, death or damage to person or property and each and every action including, but not limited to, exposure or transmission of the COVID-19 virus (collectively, "Claims") by participation associated with or at the Prescott YMCA of Yavapai County.
- 4) I will discuss my and/or a family member's health concerns with a physician before participating.
- 5) The YMCA and it's Releasees reserve the right to decline to accept any person for Participation and may require a person to withdraw from Participation when such action is determined by the YMCA or its releases and its sole discretion to be in the best interest of the health, safety, and general welfare of the YMCA or other persons.
- 6) The YMCA conducts regular sex offender screenings and all members and guests and if determined that I or a member of my Family is a registered sex offender, Participation will be terminated immediately and neither I nor my Family shall have any recourse in this matter.
- 7) By Participating in the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Association of the United States of America, and it's independent and anonymous member associations in the United States and Puerto Rico, from claims of negligence for bodily injury or death in connection with the use of YMCA facilities and form any liability for other claims including loss of property, to the fullest extent of the law.
- 8) I have been informed and I have informed my family as reasonably practicable, that personal, health, family, enrollment, usage and Participation information ("the Personal Information") that is obtained during the YMCA's programs, the use of the YMCA's facility or equipment, or personal training session/assessment by fitness staff of the YMCA, will be treated as private and confidential and, except as expressly provided here on will not be released or revealed to any person outside the YMCA fitness staff without my express written consent. Personal Information will not be shared with third parties for purposes of solicitation. Personal Information may be used for research and statistical purposes so long as the ultimate result of such research and statistical analysis does not

identify me or my family or provide facts that could lead to my or our identification. The Personal Information and any other non-Personal Information may be used by the YMCA fitness staff in the course of establishing a program of healthy living (including fitness training) and evaluating progress in the program. Personal Information that is sought by a court order or Subpoena is expressly excluded from the YMCA confidentiality requirements set forth above.

- 9) There are health risks and dangers associated with Coronavirus, COVID-19. COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. **COVID-19 can, among with other things, lead to serious illness, personal injury, permanent disability, and death. Participating in the YMCA programs or exceeding the YMCA facilities could increase the risk of contracting COVID-19.** the YMCA in no way represents or warrants that COVID-19 infection will not occur through participation in YMCA programs or accessing YMCA facilities.
- 10) any picture taken of me or my family may be used for YMCA publicity purposes. I further expressly agree that this CONFIDENTIALITY, RELEASE, WAIVER, AND INDEMNITY AGREEMENT is intended to be as broad and all-inclusive as permitted by the state of Arizona and that if any portion thereof it's held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**My signature below is confirmation that I have read and fully understand and acknowledge** the contents of the CONFIDENTIALITY, RELEASE, WAIVER, AND INDEMNITY AGREEMENT. In exchange for participating in the Valley of the Sun YMCA events and/or any of its facilities, I, for myself and on the behalf of my Family, agree that I am voluntarily waving, releasing, indemnifying and discharge Prescott YMCA of Yavapai County and its Releasees for, from and against all claims.

I represent that I have full authority to sign on behalf of my Family and that my signature binds each other person having authority to make decisions on behalf of them.

**If you have any questions or concerns about this document, our policy, or any of the YMCA's programs or services, please contact 928- 445 dash 7221 prior to signing it.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

**Family members if under 18 years old, parents or legal guardians must sign below, individually and on behalf of such person.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name/Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Name/Parent/Guardian**

\_\_\_\_\_  
**Date**