



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Springfield Day Pass

WELCOME TO ALL Please complete the information below. Entry into the YMCA of Springfield is not permitted unless this document has been completed. A valid photo, state issued I.D. must be provided. Youth without a photo I.D. will need a parent or guardians on file.

Please Circle One:

Guest (\$0)

Family (\$20)

Youth (\$10)

Adult (\$15)

Name: _____ D.O.B. _____

Address: _____

State: _____ City: _____ Zip: _____

Phone: _____ Photo ID #: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Staff: _____ Date: _____

FAMILY REGISTRATION

NAME	BIRTHDATE

WAIVER & RELEASE OF ALL CLAIMS

I agree to cooperate with others in supporting the YMCA of Springfield, IL mission, goals and objectives to abide by the policies and procedures set forth by the YMCA of Springfield Board of Directors. I hereby allow the YMCA of Springfield to take pictures (still or video) of myself/my family and grant permission for these images to be used in YMCA of Springfield publications, presentation, publicity or promotions without compensation to me/my family or on my behalf or my family's. If I choose not to be photographed, videotaped or in other recorded media, it is my responsibility to inform the photographer and/or remove myself/my family from the picture.

In consideration of gaining membership or being allowed to participate in the activities and programs of the YMCA of Springfield and to use its facilities, equipment, and machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA of Springfield and its officers, agents, employees, representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my participation in any activities or my use of equipment or machinery in the above mentioned facilities or arising out of my participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA of Springfield or the use of any equipment at the YMCA of Springfield. I agree to adhere to all policies set by the YMCA of Springfield as written in the YMCA of Springfield Code of Conduct. I have answered the above questions accurately and declare myself/my family to be physically sound, having medical approval to engage in YMCA activities.

Guest Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Print Name: _____