

# 2008-2009 YMCA Guides and Princesses

Adult Involved Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Guardian Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Guardian Home Phone# \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

\*\*Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Sex: M F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

\*\*Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_  
 Sex: M F Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Do you know what "Tribe" or other members you would like to be with? \_\_\_\_\_

## 2008-2009 Fees

Please return this form & your payment to: SLO County YMCA, Attn: Administration Team, 1020 Southwood Dr., San Luis Obispo, CA 93401

	Quantity	Total Cost
<b>12 Month YMCA Program Fee, \$15 per child (required)</b> Existing Membership ID (for existing YMCA members) Parent ID _____ Child ID _____  Once a YMCA member, the participant may enroll in other YMCA programs such as After School Adventures, Day Camps, Indian Guides and Princesses, etc.		<b>\$15</b>
<b>2008-2009 Program Fee, \$70.00/family (required)</b> New members will receive a Guides Handbook, program patch and compass for each participant. Previous members will receive a program patch and compass for each participant.		<b>\$70</b>
<b>Campout Fees</b> Will be collected as they occur. For more information, contact Katie Allison at the YMCA.		
<b>Guide and Princess T-shirt (optional), \$12.00</b> Please circle one: Youth S (6-8), M (10-12), L (14-16) Adult M, L, XL, XXL		
<b>Desert Tan Vest (optional), \$17.00 (Child M, L) \$21.00 (Adult L, XL) \$24.00 (Adult XXL)</b> Please circle one: M (10-12), L (14-16) Adult L(42/44), XL(44-46), XXL(48-50)		
<b>Total Cost</b>		

## SLO County YMCA Release of Liability Agreement (must be signed)

In consideration of being permitted to participate in any sport or activity sponsored by the YMCA, the undersigned hereby acknowledges and agrees to the following:

1. The undersigned acknowledges that the risk of injury and/or death from the activity and/or event in which the undersigned is entering is significant, despite all precautions. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to his or her participation in this program, regardless of cause.
2. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND FOREVER DISCHARGES THE SAN LUIS OBISPO COUNTY YMCA, employees and any and all other sponsoring or cosponsoring agencies, companies of individuals, their directors, officers, employees, volunteers, representatives and/or agents (herein referred to as "Releasees") from any and all liability to the undersigned or their heirs, assigns or next of kin for any loss or damage or any claim or demand therefore on account of injury to the person or property or resulting in death to the undersigned, whether caused by the sole and exclusive negligence of the Releasees or otherwise, while the undersigned is participating in or preparing to participate in this event.
3. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasee 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 premises of the Releasees, or due to the involvement of the undersigned in any of these events.
4. The undersigned consents to allow the YMCA employees to seek medical treatment on their child, which may be deemed necessary and understands that the undersigned is solely responsible for any and all costs incurred, including medical transportation.
5. The undersigned consents and authorizes in advance the use of his or her name in any pictures, broadcasts, telecasts, advertising or promotion of this event.

THE UNDERSIGNED HEREBY EXPRESSLY ACKNOWLEDGES THAT THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNED THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND ALLOWS THE YMCA TO ANY PICTURES TAKEN OF ME OR MY CHILD DURING THE COURSE OF THIS PROGRAM.

Primary Guardian Name (Please Print) \_\_\_\_\_ Phone \_\_\_\_\_

Primary Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Emergency Contact:  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation to Child: \_\_\_\_\_