



# LOCK-IN YOUTH GROUP REGISTRATION FORM

WAIVER, PLEASE HAVE ALL PARENTS READ AND SIGN:

I hereby consent for my child/ward, named herein, to participate in this program and agree to release the Harrison Family YMCA, volunteers and sponsors from any claims that may arise from injuries suffered by my child/ward while participating in the events or games.

GROUP NAME: \_\_\_\_\_ LEADER: \_\_\_\_\_ PHONE: \_\_\_\_\_

1. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

2. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

3. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

4. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

5. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

6. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

7. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

8. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_

9. Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Phone# \_\_\_\_\_ Email: \_\_\_\_\_  
GUARDIAN WAIVER SIGNATURE: \_\_\_\_\_