



Emergency Authorization and/or Parent/Guardian Permission Form

Participant's Information:

Name: _____ Age: _____ DOB: _____

Address: _____ Member Non-Member

City, State and Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Parent/Guardian Information: (MUST BE FILLED OUT IF THE PARTICIPANT IS UNDER 18)

Name: _____ Age: _____ DOB: _____

Address: _____ Member Non-Member

City, State and Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact Information:

Contact Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

Photo Waiver:

I understand that my photo, as well as individuals listed on the emergency authorization form, may be taken by the YMCA on occasion, and I hereby grant permission for my name and likeness to be used for any legitimate purpose in any media now or hereafter developed by the Cambridge YMCA.

By signing below I hereby release the Cambridge Area YMCA, YMCA Board of Directors, management, other YMCA personnel and volunteers from any and all liability arising from or in any way connected to the use of the equipment and any fitness program and/or classes at the Cambridge Area YMCA. I understand it is my responsibility to obtain a physicians approval before beginning any exercise regime and not the responsibility of the Cambridge Area YMCA.

Participant's Signature

_____ Date _____

Parent/Guardian Signature

_____ Date _____