



Rome-Floyd County YMCA  
810 E 2<sup>nd</sup> Ave  
Rome GA 30161

Name of Class or Program: YMCA/ Rome Youth Lacrosse Summer Academy

Participant's Name \_\_\_\_\_

Address \_\_\_\_\_ E-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender  male or  female

School child attends: \_\_\_\_\_

Parents or Guardian Name: \_\_\_\_\_

Telephone #: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Special Request:

Are there any problems that may confront your child while participating (anxiety, disability, allergies, etc)?

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If for any reason you **would not** like your child to be interviewed, photographed or recorded for any type of media publication during the course of the program, please indicate here.

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In consideration of being allowed to participate in the activities and programs of the Rome Floyd County YMCA and to the use its facilities, equipment, machinery in addition to the payment of any fee or charge, I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executor and all others from any and all responsibilities or liability for injuries or damages resulting for 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. In the event of an accident I will be notified and if I am not reached; 911 will be called immediately. I do also hereby release all of those mentioned and any other acting on their behalf or in any way arising out of connected with my participation in any activities of the Rome-Floyd County YMCA or the use of any equipment at the YMCA. I do understand that YMCA officers agents, employees, representatives or executors can not transport participants in their personal vehicles. In the case of an emergency or accident, I am mindful that an incident report will be filed and the CEO will be notified.

I hereby affirm the participant listed above is covered by a personal insurance policy.

Parent or guardian  
signature \_\_\_\_\_