

ENGAGEMENT FORM

Eckerd Connects – Directions for Living – Lutheran Family Services – Youth & Family Alternatives – Kids Central, Inc.

(Please print clearly)

First Name: _____ Last Name: _____

DOB: ___/___/_____ Gender: M or F Household Phone: (____) _____

Houeshold Email: _____ Privacy Notice: we will not disclose your email information for any non-related YMCA use

Address: _____ City: _____ State: ____ Zip: _____

Ethnicity/Race: African American Asian/Pacific Islander Caucasian/White Bi/Multi-Racial
 Spanish/Hispanic /Latino Native American Other: _____

Emergency Contacts

(Please list two emergency contact for the youth/teen participant other than yourself)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: (____) _____

Phone: (____) _____

MEMBER ENGAGEMENT FORM – Parent, Guardian or designated adult

First Name: _____ Last Name: _____

DOB: ___/___/_____ Gender: M or F Primary Phone: (____) _____

Email: _____ Relationship to child: _____

Address: _____ City: _____ State: ____ Zip: _____

Ethnicity/Race: African American Asian/Pacific Islander Caucasian/White Bi/Multi-Racial
 Spanish/Hispanic /Latino Native American Other: _____

Parent/Guardian or authorized adult, please carefully read the information below, and then sign:

Liability Release: In consideration of gaining membership, access to, or being allowed to participate in the activities and programs of the YMCA, and to use its facilities, equipment, and machinery in addition to the payment of any fees or charges, I, individually and on behalf of the minor child listed above to whom I am either the parent, guardian or designated adult with the authority to represent, do hereby waive, forever discharge and covenant not to sue the YMCA and its officers, agents, employees, representatives, executors and all others from any and all responsibilities, liability or negligence for injuries or damages resulting in the participation of any activities or use of equipment or machinery in the above mentioned facilities or arising out of participating in any activities at said facility. I, individually and on behalf of the minor child listed above to whom I am either the parent, guardian or designated adult with the authority to represent, agree to adhere to all policies set by the YMCA of the Suncoast.

Photo Release: I, individually and on behalf of the minor child listed above to whom I am either the parent, guardian or designated adult with the authority to represent, give permission to the YMCA of the Suncoast to use photographs, film footage, or tape recordings, which may include a photo image or voice for purposes of promoting or interpreting YMCA programs and activities. The minor child will not be identified as a foster child nor will their name be printed or included in a photograph or video.

Yes - permission is given

No - permission is not given

Signature: _____ Date: ___/___/_____

Verification/Authorization of youth/teen –

Contact Person/Representative: _____ Phone: (____) _____