

Northfield Area Family YMCA
Birthday Party Participant Form



Full Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Phone Number: _____

Emergency Contact Name: _____ Phone Number: _____

Please list all additional members of your household that are attending the party:

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

Full Name: _____ Date of Birth: _____

I have read and understand the Northfield Area Family YMCA Waiver:

The YMCA conducts regular sex offender screenings on all members, participants, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation, and remove visitation access. My signature indicates my understanding that the Northfield Area Family YMCA assumes no responsibility for injuries or illnesses sustained as a result of any physical condition or resulting from participation in any YMCA program or activity. I expressly acknowledge on behalf of my minor children and family members and heirs that I assume the risk for any and all injuries and illnesses that may result in participation in these activities. I hereby release and discharge the YMCA, its officers, directors, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my family may suffer as a result of participating in these activities. I also hereby release all photographs of me and my family members taken by the YMCA for promotional purposes, including the YMCA's website and printed materials.

Signature: _____ Date: _____

