



2022 Youth

Volleyball League/clinic

Participant Name _____ Gender: M F

Grade _____ School Attending _____

Date of Birth: _____ Age: _____

Parents Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Phone Number: _____

I understand and am aware that my child will/may be participating in physical activities and that the potential for accidents does exist. In consideration for being allowed to participate in the YMCA's program, I agree to assume the risk of such exercise and further agree to defend and hold harmless the Scottsbluff Family YMCA and its staff conducting this YMCA program from any and all claims, suits, losses, or related causes of action for damages, including (but not limited to) such claims that may result from injury or death (accident or otherwise) during, or arising in any way from the program. I also understand that the Scottsbluff Family YMCA may use, for publicity and/or promotional purposes, my (or my child's) name's or pictures participating un this program, without obligation or liability to me or my family.

Parent/guardian Signature _____ Date _____

** The YMCA conducts regular sex offender screenings on all members, participant, and guests. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end programs participation, and remove visitation access.