

FEE CHARGED

## **TRIANO-ROSSI BOXING REGISTRATION FORM 2019-20**



	BOXER'S NAME		AGE	
PARENT 1 NAME RELATION PARENT 2 NAME RELATION  WORK/CELL NUMBER WORK/CELL NUMBER  BEST TIME TO REACH YOU E-MAIL ADDRESS  EMERGENCY CONTACT PERSON: (Other than guardian listed above)  NAME: PHONE NUMBER RELATIONSHIP TO CHILD  ALLERGIES/MEDICAL PROBLEMS/ SPECIAL CONCERNS:  F-SHIRT SIZE (Circle one): Youth S M L XL / Adult S M L XL  Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the contribution to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an asurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding lines, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, it's Directors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes.  I am an adult over 18 years old of age and wish to participate in lany off-site program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not imitted to observation or use of facilities or equipment, or participation in any off-site program affiliated with YMCA, and the program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not imitted to observation or use of facilities or equipment, or participation in any off-site program affiliated with YMCA, and the program activities in the address of the YMCA for any purpose, including, but not imitted to observation or use of facilities or equipment, or participation in any off-site program affiliated with YMCA, activities at or sponsors representatives, heirs, and next of kin, hereby acknowledges, agrees and expressing the through the order shall be addressed to the YMCA, possors, representatives, and accessors from a facilities or in exchange for any when t	PHONE NUMBER		BIRTHDATE	
BEST TIME TO REACH YOUE-MAIL ADDRESS	ADDRESS			
EMERGENCY CONTACT PERSON: (Other than guardian listed above)  NAME:PHONE NUMBER	PARENT 1 NAME	RELATION	PARENT 2 NAME	RELATION
EMERGENCY CONTACT PERSON: (Other than guardian listed above)  NAME:PHONE NUMBER	WORK/CELL NUMBER		WORK/CELL NUMBER	
ALLERGIES/MEDICAL PROBLEMS/ SPECIAL CONCERNS:  T-SHIRT SIZE (Circle one): Youth S M L XL / Adult S M L XL  Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the participant to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, it's oriectors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes.  I am an adult over 18 years old of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not imited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspected and carefully considered such premises and acilities or the affiliated program. In addition, I give my children permission to participate in Naugatuck YMCA activities. I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and releases the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind or my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA is staff director's members and guests. I have read, understand, and am voluntarily signing this and practicip	BEST TIME TO REACH YOU	E-MAIL ADDRI	ESS	
Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the participant to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, it's Directors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes.  I am an adult over 18 years old of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participate in participate in Agraduative YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I and activities, and activities and the participate in a threat and the service of the participate in activities at or sponsored by the YMCA. If curther agree to indemnify and save harmless the YMCA, its staff director's members and guests. I have read, understand, and an voluntarily signing this authorization and release.  I understa	EMERGENCY CONTACT PERSON: (Other than	າ guardian listed abo	ve)	
Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the participant to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, it's Directors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes.  I am an adult over 18 years old of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA membership/program activities. IN consideration or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in Naugatuck YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself, or anyone entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA is staff director's members and guests. If	NAME:PHON	NE NUMBER	RELATIONSHIP TO	CHILD
Use of the YMCA facilities and participation in sports or other physically demanding activities inherently exposes the participant to a certain degree of risk of personal injury, illness, and other adverse medical consequences. The YMCA is not an insurer of a member's life or personal safety. No member will engage in activities which require a level of physical fitness exceeding the member's physical condition or abilities, as determined by the member. Every member assumes the risk of personal injury, illness, or other conditions arising out of or related to the member's activities on YMCA premises and releases the YMCA, it's Directors Officers, Agents, and Employees from all claims, actions, or liability on account of such causes.  I am an adult over 18 years old of age and wish to participate in Naugatuck YMCA membership/program activities. IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspected and carefully considered such premises and facilities or the affiliated program. In addition, I give my children permission to participate in Naugatuck YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing me to participate in YMCA activities, I understand and expressly acknowledge that I, for myself por any none entitled to act on my behalf, waive and release the YMCA, sponsors, representatives, and successors from all claims or liabilities of any kind arising out of my participation in activities at or sponsored by the YMCA. I further agree to indemnify and save harmless the YMCA, tested to the many participat	ALLERGIES/MEDICAL PROBLEMS/ SPECIAL CO	ONCERNS:		
PARENT/GUARDIAN SIGNATURE DATE	Use of the YMCA facilities and participant to a certain degree of risk of personal safety the member's physical condition or abilities, illness, or other conditions arising out of or redirectors Officers, Agents, and Employees from I am an adult over 18 years old of a CONSIDERATION of being permitted to utilize limited to observation or use of facilities or elevated in the condition of the conditions of t	cipation in sports or sonal injury, illness, and injury, illness, and its as determined by the related to the member of the facilities, action age and wish to partice the facilities, servicularly upon entering or participles of the facilities, or yardiciples of the facilities, or participles of the facilities, or participles of the facilities, in the facilities, on the facilities, and its integence for bodily injurished for property, to the facilities on the facilities of the facilities	other physically demanding activitic and other adverse medical consequence in activities which require a lease member. Every member assumers a civities on YMCA premises a les, or liability on account of such calcipate in Naugatuck YMCA member ces and programs of the YMCA for pation in any off-site program affilities, heirs, and next of kin, hereby participating inspected and carefull a permission to participate in Naugan, accidents can sometimes happer expressly acknowledge that I, for ratives, and successors from all class ymCA. I further agree to indemnify, and am voluntarily signing this alle for personal property lost, damanises, or involved in YMCA programilm footage, or tape recordings who ogram, I agree to release the Natio dependent and autonomous members or death in connection with the lillest extent of the law.	uences. The YMCA is not an evel of physical fitness exceeding as the risk of personal injury, and releases the YMCA, it's auses.  ership/program activities. IN any purpose, including, but not iated with the YMCA, the y acknowledges, agrees and y considered such premises and atuck YMCA activities. In. Therefore, in exchange for myself, or anyone entitled to act ims or liabilities of any kind ify and save harmless the YMCA, uthorization and release. Aged or stolen while members and ans. I give my permission to the aich may include my image or voice onal Council of Young Men's per associations in the United use of YMCA facilities, and from sts. If a sex offender match occurs,
	PARENT/GUARDIAN SIGNATURE		 DATE	
OLE I MATERIAL MEMBER	FULL PRIVELEGE MEMBER	PROGRAM	MEMBER	

DATE\_\_\_\_\_

STAFF\_\_\_\_