



Northern Berkshire BETTA Swim Team

PARTICIPANT'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
AGE: \_\_\_\_ M or F ADDRESS: \_\_\_\_\_ CITY & STATE: \_\_\_\_\_  
TELEPHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
PARENTS/GUARDIANS NAME(S): \_\_\_\_\_

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Parent Volunteer    Coach    Concession    Timer    Bullpen    Computer    Runner

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

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

In consideration of gaining membership 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 fee or charge, I do hereby waive release and forever discharge the YMCA and its officers, agents, employees representatives, executors, and all others from any and all responsibilities or liability for injuries or damages resulting from my child's participation in any activities or his/her use of equipment or machinery in the above-mentioned facilities or arising out of his/her participation in any activities at said facility. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to my child, including those caused by the negligent act or omission of any of those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any of the equipment at the YMCA. I agree to adhere to all policies set by the YMCA.

**Medical release:** As a parent or guardian, I do hereby authorize the treatment by a qualified and licensed medical doctor of the previous minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted only after a reasonable effort has been made to reach me. This release form is completed and assigned of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

**Transportation consent:** We the undersigned also give the child permission to be transported by the Northern Berkshire YMCA in a van, bus, or car as part of his/her participation in the program by whatever means of transportation the Northern Berkshire YMCA deems appropriate.

**I have read and agree to the medical release and transportation consent:**

**Video and Audio Release:** Indicate by checking one of the boxes below whether you **consent to and authorize the use and reproduction of any and all photographs or video** footage taken of your child for Northern Berkshire YMCA purposes. I understand that I receive no reimbursement for allowing her photograph to be taken or for the use of the photo or video.

**I allow photographs or video to be taken:**

**I DO NOT allow photographs or video to be taken:**

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PLEASE SIGN BELOW:

PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT'S/GUARIDAN'S SIGNATURE: \_\_\_\_\_

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**ADMINISTRATION ONLY:    AMOUNT PAID: \_\_\_\_\_ CASH    CHECK    CREDIT/DEBIT CARD**