

## YOUTH OPEN GYM REGISTRATION FORM

Full Name of Child \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ MALE  FEMALE

Guardian 1: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Guardian 2: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Participant lives with: Guardian 1  Guardian 2  Both  Email Address: \_\_\_\_\_

### Medical Release

I understand that participation in this activity may be, by nature, physically demanding. Therefore, all participants must be free of medical or physical conditions which might create undue risk to themselves or others.

Has the participant been diagnosed with asthma? YES  NO  If So, Has The Participant Been Prescribed An Inhaler? \_\_\_\_\_

Does participant Have Any Special Medical Problems? YES  NO  If So, Please Specify \_\_\_\_\_

Is participant currently on any medications? YES  NO  If So, Please Specify \_\_\_\_\_

Has the participant been prescribed an epipen? \_\_\_\_\_

Emergency Contact (If Different From Above): \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I have noted above any medical or physical conditions which might affect my activities and understand the nature of the physical demands of this activity.

In the event I am unable to give medical authorization in an emergency, I hereby give my permission for the County staff to seek appropriate medical attention for me or my minor child should I be unable to authorize it myself.

I therefore release any and all rights or claims for damages against the County and all individuals assisting in instructing and conducting these activities, for any and all injuries, loss or damage suffered by the participant at, or in any way connected with these activities.

### Assumption of Risk

I agree to indemnify, defend and hold harmless, the County and their officers, agents, and employees from any claims, dangers, and actions of any kind or nature, whether at law or in equity, arising from my participation in the County recreation program, provided that such liability is not attributable to the sole negligence of the County. I realize that my participation in this activity involves risk of injury, including but not limited to tendonitis, strains, bursitis, fractures, delayed muscle soreness, contusions, abrasions, serious eye damage and even the possibility of death. Also, I recognize that there are many other risks of injury including serious and disabling injuries, which may arise due to my participation in this activity, and that it is not possible to specifically list each and every individual injury risk. By signing this form I desire, consent, and voluntarily choose to take part in all such activities. Knowing the material risks and appreciating, knowing and reasonably anticipating that other injuries and death is a possibility, I assume all the risks normally incident to the nature of the activities and agree that the County or any of its officers, agents, and employees conducting such activities will not be responsible for any damages or injuries resulting to me. Furthermore, I acknowledge that I have been given a physician's permission to participate in physical activity or that I have decided to participate in physical activity without the approval of a physician. Also, I understand that any injury incurred and the resulting medical expense from that injury will be my responsibility and the County will not be responsible for any related expenses.

By signing below, the participant and/or guardian of the youth registered on this form authorizes him or her to participate in the County Recreation Program and signifies agreement to all the terms and releases stated on this registration form.

Signature of Legal Parent/Guardian (if participant is under 18): \_\_\_\_\_ Date: \_\_\_\_\_