



GENEVA FAMILY YMCA
399 William Street
Geneva, NY 14456

OUTDOOR LAX
Begins April 1st

PLEASE CIRCLE

GIRLS	BOYS
	K-2
	3-4
	5-6

MANDATORY!!!!

E-MAIL ADDRESS: _____

NAME _____ / _____ / _____
Last First Goes by

ADDRESS _____ / _____ / _____
Street City Zip code

CELL PHONE _____ SEX: M / F D.O.B. _____ GRADE _____

HEALTH INFORMATION

Are you on any medication? No Yes _____
Please Specify

Do you have any allergies? No Yes _____
Please Specify

Do you have any disabilities? No Yes _____
Please Specify

EMERGENCY INFORMATION

Doctor's Name _____ Phone # _____

Emergency Contact: _____ Phone # _____

Relationship: _____

RELEASE

I hereby certify that I am in normal health and capable of safely participating in the program named above. I understand that this activity is potentially dangerous and can result in injury, even under normal circumstances. I hold harmless the Geneva Family YMCA, any officer, volunteer or employee of the Geneva Family YMCA, and all involved with participation in the above mentioned activity. In the event that I am unable to make arrangements for emergency medical attention at the time of an illness or accident, I hereby authorize the Geneva Family YMCA to transport me to the nearest medical facility for treatment deemed necessary.

Date: _____
Signature of parent/guardian

Fee: Grades K-2 \$75.00 _____
Grades 3-6 \$100.00 _____