

Bloomsburg Area YMCA  
**GYMNASTICS REGISTRATION**

30 E. Seventh Street, Bloomsburg, Pa 17815  
Email: [skrum@bloomsburg.org](mailto:skrum@bloomsburg.org)

**2017-2018**

Phone: 570-784-0188  
Fax: 570-784-4303

**Class Day & Time:** \_\_\_\_\_

TumbleBaby Crawlers (Crawling-Walking) \_\_\_\_\_

TumbleBees (Age 4 & 5) \_\_\_\_\_

TumbleBaby Walkers (Walkers-Age 3) \_\_\_\_\_

Gymnastics (Age 6-12): 1\_\_\_\_ 2\_\_\_\_ 3\_\_\_\_

TumbleBugs (Age 3) \_\_\_\_\_

COMBO TumbleBugs/TumbleBees \_\_\_\_\_

Clinics \_\_\_\_\_ Privates \_\_\_\_\_

**Participant's Name:** \_\_\_\_\_ **Gender:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Age as of today:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Name:** \_\_\_\_\_

**or Legal Guardian Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mom's Cell Number:** (\_\_\_\_) \_\_\_\_\_ **Fathers Cell Number:** (\_\_\_\_) \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_@\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_

**Are there any medical conditions or special needs of which we should be aware?** Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Waiver of Responsibilities**

*In consideration of this entry to the Bloomsburg Area YMCA (referred to as YMCA) program listed above. I waive all claims for myself and for the participant(s) listed above for any injuries or illness which may result from participation, including any transportation provided by the YMCA, its staff or agents. I further state that I (and/or the above participant(s)) am in proper physical condition to participate in this program. In the event that there is a question regarding my physical condition or the physical condition of the participant(s), a physician will be consulted to review the situation prior to any participation.*

\_\_\_\_\_  
Participant/Guardian Signature

\_\_\_\_\_  
Date

**BACK PAGE: PHOTO / MEDIA RELEASE SIGNATURE REQUIRED**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## PHOTO/VIDEO RELEASE

**My Consent.** For my participation in activities to be conducted by the Bloomsburg Area YMCA, I give my consent, now and for all time, to post to social networks such as (but not limited to) Facebook, Instagram and Twitter, as well as bloomsburg.org:

- video film or footage of my child
- photo reproductions of my child

My consent gives permission to use the above materials for publication, display, or exhibition in promotions, advertising, education and legitimate business uses. Use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever.

Check those that you permit (Check all that apply)

Social Media (Facebook, Twitter, Instagram)       Local Media (Newspaper/Media Outlets)

No, I do not give the YMCA permission to use photos of my child

I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. My child will not be identified by name in such reproductions. Further, my child's name will not be used to endorse any particular commercial products or commercial services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- All uses shall belong to Bloomsburg YMCA;
- There is no obligation of confidentiality
- Bloomsburg Area YMCA can use any video film, footage, and photo reproductions of my child for any purpose and without compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge Bloomsburg Area YMCA from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, the use, or the shared use of the above materials.

**Child's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**PARENT(S)/GUARDIAN SIGNATURE(S):**

**Mother** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Father** \_\_\_\_\_ **DATE** \_\_\_\_\_