



Parent/Guardian	Birth Date	Birth Date		🗆 M 🗆 F
Email	Phone			
Child	Birth Date	Grade		
School				
Address	City	State	Zip	
SPECIAL MEDICAL/HEALTH CONSID	DERATIONS			

Hold Harmless Agreement

I hereby agree to waive any claim or liability I may have on the YMCA arising out of use of the facility, and further agree that I will indemnify and save harmless the YMCA from any and all claims brought against the YMCA, its members and volunteers, on account of death, injury, or damage to persons or property received by any persons by reason of the acts or omissions of the users in their use. I also agree to waive any claims against the YMCA, its members and volunteers for injuries or damages that may result from the conduct of other persons, including participants in the program. I understand the above responsibilities and I give permission for myself and/or my child to participate and be photographed in YMCA activities.

Parent Signature		Date
 Day Attending Friday, April 18, 2025 Thursday, June 5, 2025 Friday, June 6, 2025 	 No School Day Fun Days (Fee is Pe \$32.00 Sheboygan County YMCA Fami \$37.00 Sheboygan County YMCA Youth \$49.00 Non-Member 	ily Member
Payment □ Cash □ Check □ (Credit Card #	Exp Date 3 Digit Code
Receipt #	Amount Paid R	Rec'd By Date