



ADULT OPEN GYM



FRIDAY

**Friday, October 16th
5:30-6:30pm**

COST:

\$10/ YMCA Member

\$15/ Community Member

**SEE FRONT DESK
TO REGISTER**

**CHASCO YMCA
1812 N. Mays St.
Round Rock TX 78681**

YMCAGWC.ORG

GYMNASTICS ADULT OPEN GYM AT CHASCO YMCA

NAME : _____ GENDER: _____ AGE: _____ D.O.B.: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE: _____ ALT. PHONE: _____
EMAIL: _____
MEDICAL CONDITIONS: _____
EMERGENCY CONTACT & RELATIONSHIP: _____ PHONE: _____

***Please understand your child will not be allowed to leave camp with anyone other than the people listed above.**

Please INITIAL all lines to indicate reception of written policies/materials and agree to terms with SIGNATURE below.

_____ ADA Policy (REQUIRED): I have the obligation to disclose significant, medical, physical or behavioral issues at the time of my enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any adult except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ Waiver for Medical Treatment (REQUIRED): In the event that I require emergency treatment and I cannot be reached, I hereby authorize the Y to make arrangements to transport my child to the nearest hospital emergency facility. I also give my consent for any and all necessary medical treatment, if, in fact my I require attention of a physician.

_____ Waiver for Participation (REQUIRED): I understand that Y activities have inherent risks and I hereby assume responsibility for all risks and hazards to myself in the participation of these activities. I further waive, release, absolve, and agree to hold harmless the Y, the organizers, volunteers, supervisors, officers, directors, participants from any claims or injury sustained during my use of the facilities or participation in the Y program.

_____ Waiver for Photo/Video/Audio Release (OPTIONAL): I give my consent for any photos, video and/or audio taken of my myself involved in Y program to be used for Y promotions, trainings and/or displays.

_____ Change/Cancellation/Refund Policy (REQUIRED): I understand that changes /cancellations/refunds are not permitted unless a physician's note is submitted stating the inability to complete the class. A program cancellation form must be completed at the Member Services Desk and are allowed at the discretion of the program director.

_____ Additional Notes (REQUIRED): Financial assistance is available for those that qualify. For any questions, please contact the Twin Lakes Family YMCA at 512-615-7437.

Participant Signature: _____ Date: _____

Y STAFF ONLY

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Amt. Pd. _____ Date: _____ Staff Initials: _____