



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ARE YOU READY
FOR SOME 
BUNCO?

SENIOR GAME DAY

- Come join us for a fun afternoon of Bunco! No prior experience required.
- You will enjoy food, fun, laughter and PRIZES!
- Space is limited to 28 participants.
- Lunch is included.
- Questions? Contact the Hutto Family YMCA at 512-846-2360.

**Wednesday
March 25th
12:30pm-2:30pm
\$8.00/person**

Participants Name _____

Email _____ Phone _____

Please **INITIAL** or **ANSWER** all lines to indicate received written policies / materials and agree to terms with **SIGNATURE** below.

_____ **ADA Policy (REQUIRED):** Members have the obligation to disclose significant, medical, physical or behavioral issues at the time of 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 member exception an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other members.

_____ **Waiver for Medical Treatment (REQUIRED):** In the event that you require emergency medical treatment you hereby authorize Y staff to make arrangements to transport you to the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment during this time.

_____ **Waiver for Participation (REQUIRED):** I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

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

X Participant Signature _____ Date _____

Y STAFF ONLY 20SEN Date _____ Staff Initials _____
