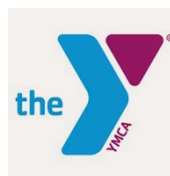




Club One/YMCA



Fall 2017 Registration Form

Athletes First Name: _____

Athletes Last Name: _____

Athletes Email: _____

Athletes Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: (MM/DD/YYYY) _____

School Attending in the Fall: _____

HS Graduation Year: _____

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Parent/Guardian Email: _____

Parent/Guardian Home Phone: _____ Cell Phone: _____

To the best of my knowledge, my child is in good physical condition and fully able to participate in this activity. I hereby agree and promise that I will not hold Club One AZ, its employees, members, or any other associated entities responsible for any loss, damage, or personal injury as a result of my child's participation. I hereby authorize the directors of Club One AZ to act for my child according to their best judgment in an emergency requiring medical attention.

Additionally, I acknowledge that Club One AZ may use images of my participating child on its website or other promotional literature. These images may include, but are not limited to, photographs, video, and other multimedia. I hereby agree and promise that I will not hold Club One AZ, its employees, members, or any other associated entities responsible for any and all liability arising out of or in any way connected with the use or publication of these images.

Parent/Guardian Signature: _____ Date _____

Please submit this form with **\$10 registration fee** to the Club One Office Drop Box by August 22, or mail it to: Club One AZ PO Box 10663, Tempe, AZ 85284. Online registration available at www.cluboneaz.com. (If registering online, please bring a copy of this form to Evaluation Nt.)