



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TEEN REFERRAL MEMBERSHIP FORM 2.0: YMCA of Northwest North Carolina

Do you have a student who is eligible for this initiative? If so, please fill out the following information below. See our website page for more information www.ymcanwnc.org/teenreferral.

SCHOOL/COMMUNITY PARTNER INFORMATION: (please print legibly)

School/Organization Name _____ Today's Date _____

Referrer's Name: (First /Last) _____ Job Role: _____

Email Address: _____ Work Phone Number: _____

For students to be eligible for this initiative, they must be referred by their school guidance counselor, school resource center, a YMCA staff member, or a YMCA community partner, be enrolled in and attending middle or high school, and **must meet one of the following criteria below (circle one)**:

Currently in the foster care system High risk of not graduating Low income Live in a single-parent household

TEEN INFORMATION: (please print legibly)

Name: (First/Last) _____ Date of Birth: _____

Current School: _____ Grade Level: _____ Expected Graduation Year: _____

Student ID: _____ Gender: Male Female Other

Ethnicity: African American Native American Alaskan Native Asian/Pacific Islander Caucasian Hispanic Prefer Not to Answer/Other

Teen's Phone Number: _____ Teen's Email Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian's Name: _____ Parent/Guardian's DOB: _____

Parent/Guardian's Phone Number: _____

Parent/Guardian's Email Address: _____

Additional Emergency Contact Name: _____

Relationship to Teen: _____ Phone Number: _____

YMCA OF NORTHWEST NORTH CAROLINA

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Our Mission: "Helping all people reach their God-given potential in spirit, mind and body." Financial Assistance available.

**YMCA of Northwest North Carolina YMCA
Participant Release & Waiver of Liability and Indemnity Agreement**

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF NORTHWEST NORTH CAROLINA ("YMCA OF NWNC") FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFORE

Assumption of Risk

I acknowledge and agree that any use of YMCA of NWNC facilities, services, equipment and premises ("Facilities") and any participation in YMCA of NWNC programs and activities whether in person or via virtual means, including but not limited to indoor and/or outdoor exercise classes and pool use ("Programs"), comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage/theft, (3) disability, (4) death, and (5) sickness, disease **including COVID-19**, or accident. I voluntarily accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of the use of Facilities and participation in Programs, I, the undersigned, agree that YMCA of NWNC, its officers, directors, agents, employees, volunteers, insurers and representatives ("Releasees") will not be liable for any personal injury, property damage/theft, disability, death, sickness, disease **including COVID-19**, or accident incurred by myself, my family members, dependents, or guests, including minors, however occurring including, but not limited to the negligence of Releasees. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, on behalf of myself and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which I and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage/theft, disability, death, sickness, diseases **including COVID-19** or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I agree to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs by myself, my family members, dependents or guests, including any minors.

Participant Name (**Print clearly**)

Date

Participant Signature or Responsible Party if participant under 18

Date

Responsible Party Name (**Print Clearly**)

Date