

Registration Girls Thrive! A Lifetime Sports Program
A Helena Family YMCA program

Participant Name: _____

Session Dates: _____

Group: Running/Mountain Biking (circle one) or event _____

Address: _____

City: _____ State: _____ zip _____

Parent(s)/Guardian: _____

Phone: _____ cell: _____

Email: _____

Other person (s) authorized to pick up participant:

_____ relationship _____

_____ relationship _____

Shirt size: Youth/Adult (circle one) - small/medium/large-circle one

Need bike: yes/no (circle one) Height _____ weight _____

scholarship needed: yes/no Amount: _____

Warning: Serious, catastrophic, and perhaps fatal injury may result from participation in any sport, athletic or recreational activity or physical exercise. I have enrolled in the YMCA program and I know, understand and appreciate the nature of this program and its activities, the benefits

to expect, the discomforts, dangers and inherent risks involved in participation. I fully know and understand that participation is voluntary and I am free to discontinue participation at any time.

Parent Signature: _____

Insurance: _____ Date: _____