



# Teen Event Registration Form

In order for your Teen to participate in any Westfield Area Y Teen Event (i.e. Dances, Teen Nights, Concerts, Special Events) this form must be completed, in its entirety, by the parent/guardian and returned on the evening of the event. **All Teens must provide a signed consent form to attend all events covering the period of September 2011 through August 2012.**

Participant's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Parent E-mail \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_

Any known allergies or medical conditions we should be aware of while your child participates in Teen Events?

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I, \_\_\_\_\_, give my child, \_\_\_\_\_, permission to participate in Teen Events, hosted by the Westfield Area Y.

In consideration of the good will, public service and community aid provided by the Westfield Area Y, which I support and from which I have received benefit, I hereby grant permission to the Y to use my name, to take and publish photographs or videotapes of me or which include my voice, in any media and promotional material for legitimate purpose. I release all rights to such photographs, videotapes, and recordings. I acknowledge that you will be the sole owner of all rights arising out of their use for all purpose. I understand there will be no compensation from their use from any source whatsoever. \_\_\_\_\_

Initial

I give my teen permission to walk home from all teen events. \_\_\_\_\_

Initial

I, the undersigned, waive and release any and all rights and claims for damages he/she may have against the Westfield YMCA, for any injuries or accidents incurred by my child while in use of/on the grounds of either facility during Teen Nights or other Teen Events or any other grounds while actively participating in any Westfield Area Y sponsored activity.

I understand that I am responsible for any damage to YMCA property caused by my teen.

\_\_\_\_\_  
Teen Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date