



Salina Family YMCA
 570 YMCA Drive
 Salina, Kansas 67401
 785.825.2151 | salinaymca.org

BIRTHDAY PARTY REGISTRATION FORM

SALINA FAMILY YMCA

PARENT/GUARDIAN INFORMATION

FIRST NAME	LAST NAME	PHONE	
ADDRESS	CITY	STATE	ZIP CODE
EMAIL ADDRESS			

BIRTHDAY CHILD'S INFORMATION

FIRST NAME	LAST NAME	AGE	
ANY MEDICAL CONDITIONS? PLEASE LIST			
DATE OF PARTY	TIME OF PARTY	# OF CHILDREN ATTENDING	# OF ADULTS ATTENDING

PARTY PACKAGES

*PARTY PRICING IS FOR 12 KIDS

GYMNASTICS PARTY	<input type="checkbox"/> \$80/MEMBER	<input type="checkbox"/> \$105/NON-MEMBER	\$ _____
POOL PARTY	<input type="checkbox"/> \$100/MEMBER	<input type="checkbox"/> \$125/NON-MEMBER	\$ _____
GRAND SLAM PARTY	<input type="checkbox"/> \$125/MEMBER	<input type="checkbox"/> \$150/NON-MEMBER	\$ _____
\$5 PER ADDITIONAL CHILD # _____	X \$5 TOTAL \$ _____		\$ _____
\$35 PER ADDITIONAL HR/PER AREA \$ _____			TOTAL PRICE \$ _____

COLOR CHOICE FOR TABLE: BLUE GREEN WHITE YELLOW PURPLE PINK OTHER _____

WAIVER/CONSENT FORM: PLEASE READ AND SIGN

In consideration for participating in Salina Family YMCA activities, I hereby release, waive, discharge and hold harmless Salina Family YMCA, their officers, agents and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury that may be sustained by me, my children or to any property belonging to me, regardless of the cause; including negligence, while upon the premises where the activity is being conducted or in transportation to and from said premises.

I certify that I or my children's present level of physical condition is consistent with the demands of active participation. I am fully aware of risks and hazards connected with YMCA activities, including swimming, emergency medical care and I hereby elect to voluntarily participate or to have my children participate in said activity and assume the risks associated with the activity.

I further hereby agree to indemnify and hold harmless RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees, that may be incurred due my participation of my children's participation in said activity, whether caused by negligence of RELEASEES or otherwise.

I understand that the Salina Family YMCA will not be responsible for any medical costs associated with any injury I or my children may sustain. As a parent and/or guardian, I authorize the treatment of participants as deemed necessary by medical professionals in the event of a medical emergency.

I further agree to become familiar with the rules and regulations of the Salina Family YMCA concerning my conduct or the conduct of my children and not to violate said rules of any directive or instruction made by the person or persons in charge of said activity. I will further assume the complete risk of any activity done by me or my children in violation of any rule, directive or instruction.

I understand that full payment of the birthday party is due the day of the birthday party. Should a bank return an EFT or check for insufficient funds, I will be charged a fee of \$25 per occurrence. The YMCA reserves the right to issue credit or refunds at its discretion in the event of program cancellation or as special circumstances arise.

I give my permission to the Salina Family YMCA to use photography, film footage or tape recordings which may include my or my children's image or voice for purpose of promoting or interpreting YMCA programs.

In signing this release, I acknowledge and represent that I am at least 18 years of age, I have read and understand this waiver, and I voluntarily as my own free act and deed; no oral representations, statements inducements, apart from foregoing written agreement have been made.

It is the policy of the Salina Family YMCA to deny membership or guest access to any individual listed on any sexual and/or violent offender registry. The Salina Family YMCA will periodically check memberships for records for criminal history.

BIRTHDAY PARTY ATTENDEES WAIVER/CONSENT FORM: PLEASE READ AND SIGN

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BIRTHDAY PARTY ROSTER (PLEASE LIST ALL ATTENDEES)

CHILD'S NAME	PARENT'S NAME	PARENT SIGNATURE	DATE
CHILD'S NAME	PARENT'S NAME	PARENT SIGNATURE	DATE
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CHILD'S NAME	PARENT'S NAME	PARENT SIGNATURE	DATE
CHILD'S NAME	PARENT'S NAME	PARENT SIGNATURE	DATE

OFFICE USE ONLY

REGISTRATION TAKE BY	DATE	ENTERED BY	DATE
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