



REGISTRATION

First Name: _____ Last Name: _____

Shirt Size: S M L XL 2X 3X E-mail: (required) _____

Phone Number: _____ Circle One: Member or Non-Member

YMCA Start Strong Hoodie - \$25: Yes Hoodie Size: S M L XL 2X 3X

Available teams are below. Please rank your top three preferences with the team color. Teams are capped at 15 participants. No refunds.

FIRLEY

Monday/Wednesday

- 5:30 p.m. with Charlene (Red)
- 6 p.m. with Dusty (Green)

Tuesday/Thursday

- 5 a.m. with Dusty (Orange)
- 6 p.m. with Thomas (Teal)

WEST

Monday/Wednesday

- 5:30 p.m. with Luke (Chartreuse)

Tuesday/Thursday

- 6:30 a.m. with Sarah (Black)
- 5 p.m. with Drew (Blue)

KNOWLES

Tuesday/Thursday

- 5 p.m. with Kathy (Gold)

1st Choice

•Team Color: _____

2nd Choice

•Team Color: _____

3rd Choice

•Team Color _____

Liability Release

I, the undersigned, request permission for _____ (participant name) to enter the Jefferson City Area YMCA (hereinafter "the YMCA") in Cole County, Missouri and to participate in the Y Weight Challenge. I know and I assume any and all risks related to my participation in the above activity, whether such risks arise while on or off the YMCA premises.

In consideration of the permission granted to enter the YMCA premises and /or participate in the aforementioned YMCA activity, I release and discharge the owners, operators, and sponsors, as well as, all other persons in any way related to the YMCA from all claims, demands, damages, actions and causes of action (present or future, whether known or unknown, anticipated or unanticipated) for any and all personal injuries and/or damages to my property relating to my presence on the YMCA premises and/or participation in this YMCA activity to the extent those injuries and damages arise from the negligence of any fault of the YMCA.

I represent and certify that I am 18 years of age or older, and that my attendance and participation in this YMCA activity is voluntary. I CERTIFY THAT I HAVE READ AND THAT I UNDERSTAND THE FOREGOING REQUEST AND RELEASE. I ALSO UNDERSTAND THE YMCA'S CREDIT AND REFUND POLICY.

Participant (if 18 years or older)

Parent or Guardian, if minor

FOR OFFICE USE ONLY

Date _____ Service Associate _____ Amount Paid _____