

WAYNE COUNTY YMCA

Self Defense Registration Form

Instructor: Master Christopher Lee

COST/Session: Y Member \$60.00 Non Member \$120.00

When: June 19th-July 27th

Time: Mondays & Thursdays 7:00-8:00 PM

Contact Information

Name: _____ Gender: M F Birth date: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact /Relationship: _____ Phone #: _____

Health History

1. **Chronic Conditions:** Have you ever been told by a doctor or other health professional that you have any of the following conditions? Mark all that apply.

- | | | |
|---|---|--|
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Back Problems | <input type="checkbox"/> Parkinson's |
| <input type="checkbox"/> Alzheimer's Disease | <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Poor Circulation |
| <input type="checkbox"/> Rheumatic Disease | <input type="checkbox"/> Dizziness/Blurred Vision | <input type="checkbox"/> Seizures or Epilepsy |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Falls | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Foot Ankle Swelling | <input type="checkbox"/> Smoking (#/Day _____) |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Heart Attack | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Heart Surgery | <input type="checkbox"/> Surgery in past year |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> Hernia | <input type="checkbox"/> Unsteadiness |
| <input type="checkbox"/> Lung Disease/ Breathing Problems | <input type="checkbox"/> Knee Injuries | <input type="checkbox"/> Weakness |
| <input type="checkbox"/> Artificial Joint | <input type="checkbox"/> Multiple Sclerosis | |
| | <input type="checkbox"/> Osteoporosis | |

Other Conditions: _____

2. **Medications:** _____

3. **Allergies:** _____

4. Do you now have any health problem that requires you to use special equipment, such as a cane, wheelchair, special bed or special telephone? Yes No Explain: _____

5. Are you limited in any activities because of physical or mental conditions? Yes No Explain: _____

BACKGROUND INFORMATION (THE FOLLOWING INFORMATION IS OPTIONAL & USED FOR STATISTICAL PURPOSES ONLY.)

Ethnic/Racial Background

- | | | |
|--|---|---|
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Pacific Islander | <input type="checkbox"/> American Indian or Alaska Native |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |

Annual Household Income

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Under \$30,000 | <input type="checkbox"/> \$30,000-\$50,000 | <input type="checkbox"/> \$50,000-\$70,000 | <input type="checkbox"/> \$70,000 + |
|---|--|--|-------------------------------------|

*****TURN FORM OVER- Signature required on back*****

- Using or possessing alcohol or illegal chemicals on Y property or at Y-sponsored programs
- Smoking on Y property – the Y and its property is a smoke-free environment
- Carrying or concealing a weapon or any device or object that may be used as a weapon
- Harassment or intimidation by words, gestures, body language, or any type of menacing behavior
- Physical contact with another person in an angry, aggressive, or threatening way
- Verbally abusive behavior, including angry or vulgar language, swearing, name-calling, or shouting
- Sexually explicit conversation or behavior; any sexual contact with another person
- Theft or behavior that results in the destruction or loss of property

SEXUAL OFFENDER POLICY: It is contrary to the mission of Wayne County Y to allow sex offenders employment, membership, guest privileges, participation or observation of programs, to loiter on Y property, or to have access to Y off-site activities. The Y reserves the right to use whatever means necessary to identify persons with a record of sex offense including registered sex offenders. In addition, The Y reserves the right to deny access or membership to any person who has been accused or convicted of any crime involving sexual abuse.

MEDIA AGREEMENT: Please be aware that we occasionally take photos and videos of our members participating in Y programs, using its facilities, or attending special events. Additionally, the Y may permit members of the media to take such pictures or record such videos in order to promote the Y’s charitable mission and for other journalistic purposes or for use in our marketing materials. By signing this release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded.

WAIVER, RELEASE AND HOLD HARMLESS AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the Y for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Y, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Y for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE Y FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE Y, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the Y, its directors, officers, employees, and agents (hereinafter referred to as “releases”) from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the Y, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the Y premises or in any way observing or using any facilities or equipment of the Y or participating in any program affiliated with the Y whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the Y and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Y.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

Signature _____ Date _____

For Office Use Only:

Member: Y N Paid: \$ _____ Payment Method: _____ Date: _____ Receipt #: _____ Staff: _____