

**Cape Ann YMCA – Teen & Camp Services Branch**  
**2012 SKI/SNOWBOARD WAIVER AGREEMENT**



NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

EMAIL ADDRESS (optional) \_\_\_\_\_ ON FACEBOOK? \_\_\_\_\_

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**EMERGENCY WAIVER**

I UNDERSTAND THAT SKIING AND SNOWBOARDING, EVEN UNDER THE BEST SUPERVISION, CARRY A REASONABLE ASSUMPTION OF RISK. IN THE EVENT OF AN EMERGENCY AND I CANNOT BE REACHED AT ANY OF THE ABOVE CONTACTS, I GIVE PERMISSION TO THE YMCA OF THE NORTH SHORE AND ITS STAFF TO SECURE THE PROPER MEDICAL TREATMENT FOR THE ABOVE-NAMED.

ALSO, I UNDERSTAND THAT CERTAIN BEHAVIORS MAY CAUSE THE YMCA TO PROHIBIT CONTINUED PARTICIPATION IN THE PROGRAM. IN THE EVENT A PARTICIPANT IS REMOVED FROM THE PROGRAM FOR SEVERE VIOLATION OF THE RULES (INCLUDING BUT NOT LIMITED TO: STEALING, DESTRUCTION/VANDALISM OF PROPERTY, POSSESSION OF DRUGS OR ALCOHOL, VERBAL OR PHYSICAL ABUSE, AND/OR SMOKING ON THE BUS), THERE WILL BE NO VOUCHERS ISSUED OR REFUNDS GIVEN FOR LOST TRIP.

LIST ANY ALLERGIES OR MEDICAL REQUIREMENTS \_\_\_\_\_

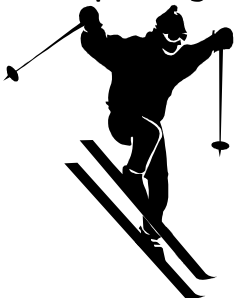
PERSON(S) TO NOTIFY:	PERSON(S) TO NOTIFY:
RELATIONSHIP:	RELATIONSHIP:
PHONE NUMBERS:	PHONE NUMBERS:

INSURANCE CARRIER & NUMBER \_\_\_\_\_  
 (please attach copy of insurance card)

Participant Signature

Parent/Guardian Signature

Date



FOR YOUTH DEVELOPMENT  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY



**CAPE ANN YMCA – TEEN AND CAMP SERVICES BRANCH**

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[www.cayteenandcamp.org](http://www.cayteenandcamp.org)

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