

Adventure Guide / Trailblazer Application

main or bring the completed form and payment to the Lexington Family YMCA, 401 YMCA Road, Lexington, SC 29075. Please contact the YMCA at 803-359-3376 x15 for more information.

1st Child's Name: _____ Grade: _____ () Boy () Girl Birth Date: _____

() Adventure Guide K5-3rd grade () Trailblazer 4th grade up () New member () Renewal

2nd Child's Name: _____ Grade: _____ () Boy () Girl Birth Date: _____

() **Adventure Guide** K5-3rd grade () **Trailblazer** 4th grade up () **New member** () **Renewal**

Parent Name: _____ E-Mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

How did you hear about Adventure Guides / Trailblazers?

Adventure Guide Circle Information

Child Shirt Size: () S(6-8) () M (10-12) () L (14-16) () AS () AM () AL

if more than 1 child, please put quantity needed of size in box. Example (2) M

Adult Shirt Size: () S () M () L () XL () XXL

Please check one: () Father/Son () Father/Daughter () Mother/Son () Mother/Daughter

Adventure Guide Circle Name (leave blank if new member)

Dues	Cost	Manual	Patches	T-Shirts	Compass
() YMCA Members	\$20 per pair	X	X	X	X
() Non-YMCA Members	\$60 per pair	X	X	X	X
() Additional Child (Y Member)	\$8				
() Additional Child (Non-Y)	\$15				

Parent/Guardian Acknowledgements

Permission for transportation: The YMCA staff has my permission to transport my child to and from program location in the event of an emergency. I understand reasonable precautions will be taken to ensure the safety and supervision of my child.

Medical Waiver: In the event that my child requires emergency medical treatment and I cannot be reached, I authorize the YMCA staff to make arrangements to transport my child to the nearest hospital/emergency medical facility. I give my consent for any and all medical treatment, if, in fact my child requires the attention of a physician.

Waiver: I understand that YMCA activities have inherent risks and I assume all risks and hazards incident to my participation in all YMCA activities including transportation to and from said activities. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims of injury sustained during my use of YMCA facilities or participation in any YMCA Activity whether located on YMCA property or not.

Photo Release: I give my consent for pictures taken of my child involved in YMCA programs to be used for future YMCA promotions or display. **Y / N**

Parent/Guardian Acknowledgement: I acknowledge that I have read and agree to the above statements. **Initials:** _____

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY Amount Paid: _____ Date Received: _____ Y Staff Initial: _____
() Check # _____ () Cash () Credit Card