



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

FITNESS ORIENTATION

Participant Name: _____ Date of Birth: _____ Gender: _____

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

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____ Relation: _____

Please list any medical conditions that we should be aware of:

Please list your short-term and long-term wellness **GOALS**:

Check the **DAYS** that you are available

Check the **TIMES** that you are available

Monday Tuesday Wednesday Thursday Friday

8AM - 11AM 11AM-3PM 3PM-6PM

AGREEMENT

- I hereby certify that I/my child is in normal health and capable of safe participation in YMCA programming. I assume the risks and hazards incidental to the content of the program. I hereby authorize the YMCA to obtain medical treatment for myself/my child in the event of an emergency.
- I give the Alamance County YMCA permission to take and use photos/video/audio/other visuals of myself/my child during the Fitness Orientation program for all of the YMCA's promotional purposes. This includes, but is not limited to TV promotion, newspaper ads, the YMCA's website/social media pages, etc.
- I support the YMCA philosophy, which is based on participation, fun, healthy living, skill development, teamwork, fair play, family involvement, and volunteer leadership, and will abide by the YMCA's Code of Conduct.

Signature of Participant

Date

Signature of Parent/Guardian

Date

ALAMANCE COUNTY YMCA
1346 S. Main Street, Burlington, NC 27215
(336) 395-9622
WWW.ACYMCA.ORG

OFFICE USE ONLY	Date of Appt:	Staff:	Comments:
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