

Oswego YMCA Program Card

Last Name	First Name	Initial
Address		
City	State	Zip
Home Phone	Birth date (MM/DD/YY)	Gender
		Male / Female
Employer/ School	Business/School Phone	
E-mail Address		

Spouse/Parent Information

Last Name	First Name	Initial
Birth date (MM/DD/YY)	Gender	
	Male / Female	
Employer	Business Phone	

Emergency Information

Emergency Contact Name	Emergency Phone

Waiver: Welcome to the Oswego YMCA Softball League. We advise that if you are currently taking medication, have any physical ailment or are otherwise not in excellent physical condition suitable for such strenuous activity, your participation could be injurious to you. You should seek medical advice regarding these matters BEFORE participating in this program.

By signing below, you are assuming the risk of, and release and hold the Oswego YMCA harmless from, any liability for any physical or other injury or harm suffered by you during, or as a consequence of, participation in such other programs, or performance of such other exercise routines, or engagement in such other physical activity, and you agree that neither the YMCA, nor the facility at which these programs are being held, nor any other person involved in organizing or conducting the affairs of the Oswego YMCA, shall have any liability or responsibility for any such injury or harm.

Signature:	Date:

**OSWEGO YMCA
PROGRAM CARD
2009**

Signature _____ Date _____
Staff Signature _____ Date _____