



Pickle ball  
 Registration: September 8<sup>th</sup>- October 14<sup>th</sup>  
 Cost: Member \$30.00 Non \$45.00

### Quincy Family YMCA Pickle ball League Registration Form

Athlete's Name:	Birthdate:
Skill Level: (Circle one) 2.5      3.0      3.5      4.0      4.5	Primary Phone:
Partner:	
Email:	Cell phone for text:
Address:	

**Please circle T-shirt size:**

Adult Small	Adult XL
Adult Medium	Adult 2XL
Adult Large	Adult 3XL

**League will be start on Saturday, October 17<sup>th</sup>!**

*I, the undersigned parent or legal guardian of the above named minor, do hereby give my consent and agree that he/she may participate in Quincy YMCA programs. I understand that the YMCA, its staff, volunteers, Board of Directors or anyone designated by the YMCA to work with the participants assumes no responsibility for anyone in case of any loss by accidents or injury to persons or property as a result of any child using YMCA property or participating in a YMCA program and I hold same harmless for any such occurrence.*

*I further understand that the YMCA does not carry any medical or accident insurance for injury or loss for persons using the YMCA facilities involved in YMCA programs, and I am responsible for adequate medical insurance and insurance for loss of theft of property. My understanding of these matters is witnessed by my signature below.*

*I agree to abide with the following YMCA policy. No child 8 and under can be at the YMCA without a parent or guardian on the premises unless they are participating in a YMCA program. This policy is for the safety and security of every child.*

**If you have any question you can contact [colen@quincyyymca.net](mailto:colen@quincyyymca.net) or 2172229622 ext.212 the tournament director.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

#### YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all. No one is ever denied participation or membership to the YMCA due to race, religion or inability to pay.

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

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The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Quincy Family YMCA (the Y) has put in place preventative measures to reduce the spread of COVID-19; however, **the Y cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at the Y may result from the actions, omissions, or negligence of myself and others, including, but not limited to, the Y's employees, volunteers, and program participants and their families.

**I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the Y.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Y, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Y, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at the Y.

I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

In the event that I file a lawsuit, I agree to do so in the state where the Y is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

**I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

If I have signed a separate general waiver of liability connected to my participation at the Y, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

***I agree that I will practice safe social distancing and clean hygiene during my participation at the Y.***

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Date \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_