

YMCA CAPE COD REGISTRATION FORM
Pound Plunge **09S2** **1164**

Personal Information

Name _____
Address _____
Town _____ State _____ Zip _____
Home Phone () _____
Alternate Phone () _____
Email Address _____

Are you a Member of the YMCA Cape Cod? Yes/No

Team Information

TEAM NAME: _____
Team Member 1 _____ Age _____
Team Member 2 _____ Age _____
Team Member 3 _____ Age _____
Team Member 4 _____ Age _____

EVERY TEAM MEMBER MUST SIGN THE RELEASE BELOW

I knowingly release and hold YMCA Cape Cod, Inc., and its employees, agents, volunteers, officers and directors, harmless from and against all liability for loss or injury to me and/or my children resulting from our participation in all and any YMCA Cape Cod programs and activities. I will indemnify YMCA Cape Cod, and its employees, agents, volunteers, officers and directors for all costs which it may incur due to claims and demands alleging such loss or injury, including settlement payments, court judgments, and legal defense fees. I agree that YMCA Cape Cod shall have authority regarding the defense and settlement of claims or suits brought against it or its employees, agents, volunteers, officers or directors, claiming any such loss or injury.

Signature _____
Date _____

*Please return to membership desk, mail or fax to 508-362-5379 YMCA
Cape Cod PO Box 188 - West Barnstable, MA 02668*

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