



Madison Area YMCA

111 Kings Road, Madison, New Jersey 07940
Phone 973-822-YMCA (9622) /Fax 973-377-1064
www.madisonareaymca.org

Office Use Only
Rec'd by: _____

Date _____

Member Name: _____ Account Holder Name: _____

Street Address: _____ Program Year: _____

Please list all adult(s) who may bring you and/or your child(ren) to the Madison Area YMCA Family Center for a program and/or are authorized to receive information regarding your Madison Area YMCA account.

Last Name	First Name	Gender	Date of Birth	Relationship to Participant
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____
_____	_____	_____	___/___/___	_____

Please initial next to each item and sign below:

_____ All individuals listed above must allow the Madison Area YMCA to scan his/her state or government issued ID through the Raptor vSoft database, which provides instant screenings for registered sex offenders in all 50 states. Individuals who fail to do so will not be granted access to the Madison Area YMCA facilities.

_____ I give my permission for the adult(s) listed above to accompany myself or my child(ren) to and from the program(s) registered for at the Madison Area YMCA Family Center when applicable.

_____ I give my permission for the Madison Area YMCA to share information regarding the program(s) I register my child(ren) at the Madison Area YMCA when applicable as well as personal information on my Madison Area YMCA account with the above stated individuals when requested.

_____ I understand that I am responsible for notifying the Madison Area YMCA in writing should any of the above stated individuals no longer have my permission to accompany myself or my child(ren) to and from Madison Area YMCA programs and have access to my Madison Area YMCA account information.

_____ I understand that, when accompanying myself or my child(ren) into the Madison Area YMCA, the adult(s) listed above must check-in and present the special Madison Area YMCA ID they have been issued at the Welcome Center at each visit.

_____ I understand that this agreement does not allow the adults listed above use of any areas of the facility, and if found doing so, this registration and permission will be revoked.

_____ I understand that this agreement only authorizes the adult(s) stated above for the current Program Year and a new agreement will need to be completed every September.

_____ I understand and agree that my permission granted hereby is at my sole risk.

_____ I understand and agree that the Madison Area YMCA, its officers, trustees, employees, agents and volunteers shall not be liable for any direct, indirect, incidental, special, consequential or exemplary damages resulting from the use of the Madison Area YMCA by myself, the adults I am authorizing to care for myself and my child(ren), or my child(ren) themselves.

Parent/Guardian Signature: _____ Date: _____