**KENT COUNTY YOUTH NIGHT REGISTRATION FORM**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EVENT LIMITED TO 200 STUDENTS**

**WAIVER OF LIABILITY:**

The undersigned acknowledges and agrees that the Young Men’s Christian Association of Greater Grand Rapids, a Michigan nonprofit corporation (YMCA), assumes no responsibility for injuries of illnesses which may be sustained or incurred by me while using the YMCA facilities, as a result of any physical condition or resulting from any participation in athletic activities, sports programs, or other activities, or from my use of any portion of any of the YMCA facilities, including without limitation the equipment or any aquatic area. I assume all risks for any and all injuries and illnesses which may result from my participation in these activities. In consideration of the privilege of using the YMCA facilities, I voluntarily release and discharge the YMCA, its agents, servants, and employees, from all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in any activity at any activity at any YMCA facility.

I understand that the YMCA is not responsible for personal property lost or stolen while I am using YMCA facilities or on YMCA premises.

I give permission to the YMCA to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs, and waive any copyright claim I may have in and to any such photographs, film footage, or tape recordings.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_ I will be dropping off and picking up my child from this event

\_\_\_\_\_\_\_\_\_ My child will be riding with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail/email or drop off your registration from by **April 8th, 2019**  to Kent County Sheriff Office.

Registration can be dropped off to your School Resource Officer/School office.

Deputy Mandy Bernal-Hill

Kent County Sheriff’s Office

Attn: Community Policing Unit

701 Ball Ave NE

Grand Rapids, MI 49503

616-632-6228

Mandy.Bernal-Hill@kentcountymi.gov