



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

PROFESSIONAL ROLE MODELING FACT SHEET

Last name: _____ First Name: _____ Mid. Init. _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Date of Birth: _____

Emergency Contact: _____ Phone: _____

Do you have any special talents or skills? _____

What days/times can you devote to the YMCA?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						

I do hereby waive, release, and forever discharge the YMCA and its officers, agents, employees, representatives, executors, and all others from any and all responsibility or liability for injuries or damages resulting from my participation in this YMCA volunteer program. I do also hereby release all of those mentioned and any others acting upon their behalf from any responsibility or liability for any injury or damage to myself, including those caused by the negligent act or omission of any those mentioned or others, acting on their behalf or in any way arising out of or connected with my participation in any activities of the YMCA or the use of any equipment at the YMCA. I agree to adhere to all policies set by the YMCA.

Signature of Applicant: _____ Date: _____

HASTINGS FAMILY YMCA

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