



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# D.R.E.A.M. Night Participation Form

Name: (Last, First)	
Date of Birth:	
Cell Number:	Other Number:
E-mail Address:	
Home Address:	
Emergency Contact Name:	
Emergency Contact Phone Number:	

<input type="checkbox"/> Female	<input type="checkbox"/> Male	
Are you a current Y member	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Photo and Video Waiver:** The YMCA reserves the right to photograph and or videotape adults and children participating in our programs. Images/video may be shared with donors or in promotional materials.

- Yes I CAN be photographed/videotaped
- No I CANNOT be photographed/videotaped

Participant/Gaurdian Signature: \_\_\_\_\_