

D.R.E.A.M. NIGHT

Participation Form

GREATER GREEN BAY YMCA

Name:
Date of Birth:
Phone:
Email:
Home Address:
Emergency Contact Name:
Emergency Contact Phone:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Are you a current Y member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the participant have any medical conditions or allergies? <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/Guardian Signature: _____

