



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

Y Rec Adaptive Program Enrollment & Authorization Packet (Required Form)

Participant Name:		
Date of Birth (MM/DD/YYYY):	Phone Number:	
Mailing Address:		
City:	State:	Zip Code:
Email Address:		
Emergency Contact Name:		
Relationship to Participant:	Emergency Contact Phone Number:	

Y Rec Adaptive Program CONSENT AND RELEASE FROM LIABILITY

I hereby consent to voluntarily participate in Y-Rec Adaptive Program with the Metropolitan YMCAs of Mississippi (YMCA). I understand the goal of the program is to improve quality of life through recreational pursuits.

I understand the YMCA does not practice medicine and this program is not a substitute for the care I receive from my physician or other qualified health care providers. I understand the Y Rec Adaptive Instructors are not qualified health care professionals and do not practice medicine. I understand that the support provided by the instructors is not a substitute for the care I receive from my physician or other qualified health care providers.

In consideration for being allowed to participate in this program, I agree to assume the risk of such physical activity, and further agree to hold harmless the YMCA, its employees and agents, from any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result in my injury or death, accidental or otherwise, during or arising in any way from my participation in the Y Rec Adaptive Program.

By signing below, I affirm that I have read the above in its entirety and I understand the nature of Y Rec Adaptive. I also affirm that my questions regarding the program have been answered to my satisfaction.

Signature of participant: _____ Date: _____

**AUTHORIZATION FOR
USE AND DISCLOSURE OF HEALTH INFORMATION
(Required Form)**

I authorize the Metropolitan YMCAs of Mississippi (YMCA) located at 690 Liberty Road, Flowood, MS 39232 to collect and use data in connection with my participation in Y Rec Adaptive program, maintain this data in a data capture system, and disclose (i.e., share) this data to the Mississippi Department of Rehabilitation Services, **Address:** 1281 US-51, Madison, MS 39110.

Only Data/Information to be disclosed:

PAR-Q information, health questionnaires, and fitness assessments collected in connection with Y Rec Adaptive Program.

The purposes of the disclosure include:

- Program administration, operation, and evaluation
- Research activities approved by an Institutional Review Board (IRB)
- To enter the YMCA's data system for Y Rec Adaptive for purposes of tracking and verifying health outcomes related to Y Rec Adaptive, but that each participant will be given a number instead of a name to report such information.
- When applicable, to fulfill applicable grant reporting requirements. This may require the re-disclosure of de-identified and/or aggregate health information to a third-party, including government entities (e.g., the U.S. Centers for Disease Control and Prevention)

By signing below:

- I authorize the use and disclosure of my health information as described above for the purposes indicated, understanding that my name will not be used in conjunction with the health information.
- I understand that I have the right to receive a copy of this authorization.
- I understand the YMCA will not condition my participation in Y Rec Adaptive on my providing this authorization.
- I understand the YMCA may receive payment or compensation (generally in the form of grants) from the Mississippi Department of Rehabilitation Services and, in some cases, such grants may condition funds on the disclosure of health information to the department.
- I understand that I may revoke this authorization at any time by submitting my revocation in writing to the YMCA, and the revocation will not affect information that has already been used or disclosed.
- If this authorization has not been revoked, it will terminate five (5) years after completion of your last program, unless a shorter period is specified under state law.

Signature of participant: _____ Date: _____

**AUTHORIZATION FOR
RELEASE OF INFORMATION TO HEALTH CARE PROVIDER
(Optional form)**

I voluntarily authorize the Metropolitan YMCAs of Mississippi (YMCA) to release or disclose my health information related to my participation in Y Rec Adaptive to my physician and/or other individuals referenced below. I understand I have a right to receive a copy of this authorization and that the information disclosed pursuant to this authorization may be redisclosed by the person(s) listed below. I understand I am not required to sign this form to participate in the program, and that I may revoke this authorization at any time by submitting my revocation in writing to the YMCA.

Primary Care Physician Practice:		
Physician Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		Fax Number:
Email:		

Other individual(s)

Name:		
Address:		
City:	State:	Zip Code:
Phone Number:		Fax Number:
Email:		

If this authorization has not been revoked, it will terminate five (5) years after your completion of your last program, unless a shorter period is specified under state law.

Signature of participant: _____ Date: _____

PAR-Q (PHYSICAL ACTIVITY READINESS QUESTIONNAIRE) Required form

Being more active is safe for most people. However, some people should check with their doctor before they increase their physical activity. If you are planning to become more physically active than you are now, start by answering the questions in the box below.

If you are between the ages of 9 and 69, the PAR-Q will guide you on whether you should check with your physician before you start a fitness program. A parent or guardian should complete this form for those under the age of 18. If you are over 69 years of age, and you are not used to being very active, check with your physician first. Please read the questions carefully and answer each one honestly: check YES or NO.

YES	NO	QUESTION
		Has your physician diagnosed you with a heart condition and that you should only do physical activity recommended by a doctor?
		Do you feel pain in your chest when you do physical activity?
		In the past month, have you had chest pain when you were not doing physical activity?
		Do you lose your balance because of dizziness or do you ever lose consciousness?
		Do you have a bone or joint problem (i.e. hip, knee, shoulder, back, lower back, neck) that could be made worse by a change in your physical activity?
		Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?
		Do you know of any other reason why you should not participate in physical activity?

Informed use of the PAR-Q: The Metropolitan YMCAs of Mississippi and their agents assume no liability for person(s) who undertake physical activity, and if in doubt after completing this questionnaire, consult your doctor prior to physical activity. This is a revised "Par-Q & You" created by the Canadian Society for Exercise Physiology and Health Canada, who also assume no liability as stated previously.

PHYSICIAN ENDORSEMENT

I, _____,
 have reviewed the participant and determined that the participant has the following
 category of brain or spinal cord injury:

- C5-C8 level spinal cord injuries and those with limited/partial use of upper extremities secondary to a traumatic brain injury (TBI) and able to follow one step instructions.
- T1 and below level spinal cord injuries and those who have at least half the range of motion in both upper extremities following a brain injury and are able to follow one step instructions.
- Ambulate independently or with the use of a walking device such as those with an incomplete spinal cord injury or brain injury and able to follow at least one step instructions.

And the participant is able to participate under the following conditions:

Signature of physician: _____ Date: _____



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YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in Y-Rec activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____

Metropolitan YMCAs of Mississippi APPLICATION FOR MEMBERSHIP

CONTACT INFORMATION

FIRST NAME		LAST NAME		MIDDLE INITIAL
DATE OF BIRTH	GENDER	CELL/HOME PHONE NUMBER	DRIVERS LICENSE NUMBER	
EMAIL ADDRESS	EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE NUMBER	
STREET ADDRESS	CITY/STATE/ZIP		MEMBERSHIP TYPE	

HOUSEHOLD: (2 Adults ages 25+, \$8 for each additional adult. Proof of residency may be required.)

NAME	GENDER	DATE OF BIRTH	RELATIONSHIP	EMAIL ADDRESS	PHONE NUMBER

CHILDREN:

NAME	GENDER	DATE OF BIRTH	RELATIONSHIP	EMAIL ADDRESS	PHONE NUMBER

I provided the YMCA my Debit/Credit Card or Banking Information.

WHERE DID YOU HEAR ABOUT THE YMCA? (Check all that apply)

RADIO WALK-IN FRIEND SOCIAL MEDIA CORPORATE

BECOME A GIVING MEMBER

I elect to contribute to one of the YMCA's charitable funds either by monthly bank draft or one time gift as indicated.	<input type="checkbox"/> Yes! I would like to give by adding \$_____/month to my bank draft.
	<input type="checkbox"/> Yes! I would like to give a one-time gift of \$_____.

I agree to opt-in to text messages and emails from the Metropolitan YMCAs of Mississippi. I understand that standard messaging and data rates do apply. I will have the ability to opt out of text messages at any point.

Yes No

Automatic Draft & Check Policy: If your Automatic Draft or Personal Check is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of up to \$30 or the maximum amount allowed by law. You will also be responsible for all other costs, including all attorney's fees, court costs and taxes. You will also be responsible for any uncollected membership fees. I hereby authorize the YMCA to initiate debits on the above named Financial Institution to pay my monthly YMCA bill (including membership fees and other items charged to my YMCA account). This authority is to remain in full force and effect until the YMCA has received a 30-day written notification from me, or until the YMCA or above named Financial Institution has sent me a 30-day written notice as to the YMCA's or Financial Institution's termination of the agreement. I understand that my monthly draft is subject to change should my membership status change or should the YMCA change its membership rate.

SIGNATURE _____ Date _____

WAIVER OF LIABILITY, DISCLAIMER & PERMISSION: I/We hereby forever release, waives, discharges and covenants not to sue agrees to indemnify and save and hold harmless the YMCA, its directors, officers, employees, agents, event sponsors and volunteers in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant(s) is/are registering (collectively the "releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in the death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon or about the premises of any facilities or participating in any program affiliated with the YMCA without respect to location. I/We give permission that my and/or my family members listed above may be taken and used by the YMCA for publicity and such use shall be without compensation to me or my family members. I further state that I and my family members listed above are in proper medical condition to participate in and complete the YMCA activity and are not participating against doctor's advice, nor am I or any family member listed above taking medications which would deter my/their health in the participation of the YMCA activity. This release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned. I understand that an annual improvement fee will be assessed to my account one time per year either at the anniversary date of my membership or other time determined by the YMCA. The current improvement fee is \$12.00 and is subject to change as determined by the YMCA. The current improvement fee will be posted at the YMCA for notification purposes. The YMCA conducts regular sex offender screenings on all members, participants and guest. If a sex offender match occurs, the YMCA reserves the right to cancel membership, end program participation and remove visitation access.

SIGNATURE _____ Date _____