



Take Your Child to Work Registration Form

Youngstown State University- Department of Campus Recreation and Student Programs

(Please print legibly. All information required to process registration)

Faculty/Staff: _____ YSU Ext : _____

E-mail: _____ Banner ID Number: _____

Current Rec Center Member? (Please check one) Yes No

Childs Name: _____ Age: _____

(PLEASE NOTE: You must register in person because of limited space.)

- | | | | |
|----|--------------------------|---------------------------------|-------------------------|
| 1. | <input type="checkbox"/> | Wall (Every ½ hr, 10-3:30) | Start Time: _____ |
| 2. | <input type="checkbox"/> | Ropes Course | Start Time: 1-2 pm |
| 3. | <input type="checkbox"/> | Yoga (11, 11:30, 2, 2:30) | Start Time: _____ |
| 4. | <input type="checkbox"/> | Kids Games (11, 11:30, 2, 2:30) | Start Time: _____ |
| 5. | <input type="checkbox"/> | Self Defense | Start Time: 11:15-12:15 |
| 6. | <input type="checkbox"/> | Fish Out of Water | Start Time: 10:30-11 |

Acknowledgement, Assumption of Risk and Wavier

Many programs, activities and workshops involve substantial risks of injury and other dangers associated with participation in such recreational activities. Dangers include but are not limited to: broken bones, sprains, bruises, concussion, and heart attack. Each participant in the above listed activities should realize that there are inherent risk, hazards and dangers involved including the training, instruction and participation in such activities. It is the responsibility of each participant to engage only in activities for which he/ she have the prerequisite skills, qualification and training. It is the participants' responsibility to follow the instruction of the activity leader/ staff during the activity and or any emergencies. The participant is responsible for monitoring their own physical condition throughout the duration of this program and should cease participation if any unusual symptoms (such as but not limited to: shortness of breath, dizziness, cramps, dehydration, increase of heart rate, respiratory failure, cardiac arrest, stroke or other injury) occur.

In signing this consent form, I affirm that I have read the above notice carefully and understand the inherent risk of participating in the above program. I hereby assume all risks of damage or injury, including death, that I may sustain while participating in or result of the aforementioned activity. I, along with my family, heirs, personal representatives do hereby waive and release Youngstown State University, the Department of Campus Recreation and their agents and employees for all claims of ordinary negligence, damages, demands, actions or other claims in any manner arising or growing out of my participation in a Department of Campus Recreation program.

Parent/Guardian Signature

(Date)