

Prairie Trail Federation

YMCA Indian Guides, Indian Princesses and Trailblazers

Greater La Grange YMCA • 1100 East 31st Street • La Grange Park, IL 60526 • (708)-352-7600

www.yigp.org

MEMBER REGISTRATION FOR PROGRAM YEAR 2009-2010

Last name _____ DAD's First Name _____
 DAD's Indian Name _____ Mom's First Name _____
 Address _____
 City _____ Zip _____
 Email (1) _____ Email (2) _____
 Home Phone (_____) _____ Cell (_____) _____
 Work Phone (_____) _____ **IN PROGRAM 2008/2009?** _____yes _____no
 YMCA Member? Yes ___ No ___ If Yes, YMCA Member # _____ Indicate Type: Individual ___ Family ___

YIGP-TB MEMBERSHIP FEES 2009-2010 [Per Person Cost]

	For YMCA Members	For Non YMCA Members	Trailblazers
Total Per Person Program Fee:	\$25.00	\$42.00	\$0.00

Amount Enclosed \$ _____ **(NO FEE REQUIRED FOR TRAILBLAZER PROGRAM)**

[For assistance with amount, see "Calculation Help" Box Below]

Checks Payable to: **PRAIRIE TRAIL FEDERATION** / Send or drop off payment to: **GREATER LAGRANGE YMCA**

CHILD _____	Grade: _____	Gender: Male _____ Female _____
Indian Name _____	School: _____	
Tribe: _____	Program: (Please check) Princesses _____	Guides _____ Trailblazers _____
CHILD _____	Grade: _____	Gender: Male _____ Female _____
Indian Name _____	School: _____	
Tribe: _____	Program: (Please check) Princesses _____	Guides _____ Trailblazers _____
CHILD _____	Grade: _____	Gender: Male _____ Female _____
Indian Name _____	School: _____	
Tribe: _____	Program: (Please check) Princesses _____	Guides _____ Trailblazers _____

I understand that ALCOHOL, in any form is not allowed at any campout and that I, my child, and possibly my Tribe, will lose campout privileges and possibly membership in the program if I or any other member of my tribe possesses alcohol on any campout property.

Parent/Guardian Signature

CALCULATION HELP: Use the Fee Amount according to YMCA Member or NON YMCA Member		
DAD – Pays One Program Fee - even if participating in Guides and/or Princesses	\$ _____	
CHILD 1	\$ _____	
CHILD 2	\$ _____	
CHILD 3	\$ _____	
CHECK # _____	(NO FEE FOR TRAILBLAZER PROGRAM)	TOTAL _____

COMPLETE & SIGN the YMCA WAIVER ON THE REVERSE SIDE

**YMCA OF METROPOLITAN CHICAGO
FACILITY USER/VISITOR AGREEMENT**

Date _____

Name _____ Address _____

City _____ State _____ Zip Code _____

Age _____ Sex _____ Home Phone _____ Work Phone _____

E-mail _____

IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name _____ Relationship _____

Phone Number _____

I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago (“YMCA”) while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward’s presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA’s gross negligence.

2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the YMCA of Metropolitan Chicago, its operating centers, their respective officers, directors, Board of Managers, Trustees, members, volunteers, employees or agents (the “Releasees”) and each of them from any and all claims for injuries, damages or loss that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my minor child/ward’s presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any injury, damage or loss that is caused solely by the YMCA’s gross negligence.

3. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them from any loss, liability, damage or cost they may incur from my or my minor child/ward’s presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, except for any loss, liability, damage or cost that is caused solely by the YMCA’s gross negligence.

I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY YMCA FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

SIGNATURE _____
(Participant’s signature)

DATE _____

SIGNATURE _____
(in the case of a minor only: Parent’s or Guardian’s signature)

DATE _____