

HEALTHY KIDS DAY

SCAVENGER HUNT REGISTRATION FORM

Additional Child Name (First & Last) and Birthdate

		, am registering myself and my family (listed ICA's Healthy Kids Day Scavenger Hunt.
Realizing that there is risk inherent to any recreational activity, and in consideration of my family's authorization to participate in this event, I personally assume all risks in connection with said event. I accept full responsibility for my own and my family's health and safety during our participation. I agree that participation is fully voluntary, and that I will not hold Stateline Family YMCA or any of its employees or volunteers responsible for any harm to myself or my family that may result from our participation in this event. I will abide by all traffic and other relevant laws during my family's participation in this event.		
PARTICIPANT DETAILS		
I have listed all participants in my family/team below, and acknowledge that participants not registered with Stateline Family YMCA are not permitted to participate in the event.		
TEAM INFORMATION:		
Adult 18+ Name (First & Last)	Phone Numb	er Email
Child Name (First & Last) and Birthdate		
Team Name	•••••	
Adult 18+ Signature	Date	
ADDITIONAL PARTICIPANTS (optional)		
Additional Adult 18+ Name (First & Last)		Additional Adult 18+ Name (First & Last)
Additional Child Name (First & Last) and Birthdate		Additional Child Name (First & Last) and Birthdate

Additional Child Name (First & Last) and Birthdate