



South Mountain YMCA Young Leaders Interact Club Registration Form

Teen Name: _____

Teen Cell phone: _____

Address: _____

Teen Email: _____

Parent Name: _____

Parent Cell Phone: _____

Parent Email: _____

SOUTH MOUNTAIN YMCA PROGRAMS: I hereby give permission for images of my child, captured during South Mountain YMCA through video, photographic, digital, electronic or any other media together with or without his or her name and hometown, to be used in South Mountain YMCA and YMCA of the USA promotional material and publications (including release to the news media), and waive any rights of compensation or ownership thereto. I hereby release and hold harmless the South Mountain YMCA, the YMCA of the USA, their agents and representatives and any third parties involved in the creation or publication of the promotional materials from any liability or claims by me or any third party for violations of my personal, proprietary or privacy rights or those of my child in connection with the use of such images.

I DO NOT want my child photographed or recorded for any purpose.