

YMCA OF SNOHOMISH COUNTY

Mukilteo Family YMCA
10601 47th PL West Mukilteo WA 98275
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Skate Park Annual EZ Pass

04 14EZPASS YANNUALPASS (Today-March 1, 2015)
04 14EZPASS YSEASONALPASS (March-May 2014)*
*Seasonal Passes are not on sale until February 2014

Experience unlimited shredding by becoming an Annual EZ Pass Member at the Muk Skate Park! Members enjoy access to both Indoor and Outdoor Skate facilities.

Annual EZ Pass

- Unlimited skating for one year, beginning March 1 (register early for bonus time!)
- Complementary Skate Park T-shirt and Muk decal sticker
- Invite to exclusive "EZ Member only" events
- Discounted entry fees on Skate Park events

Annual EZ Pass Cost

Facility Member \$99 - Program Member \$129 - Free or reduced lunch \$12

Seasonal EZ Pass

- Unlimited skating for one season (3 months)
- Complementary Muk decal sticker

Seasonal EZ Pass Cost

Full Member \$39 - Program Member \$49 - Free or reduced lunch \$5

Office Use Only

Amount Paid _____ Date _____

Cash Check Credit Card FA Staff Discount Gift Certificate Credit Voucher (\$_____)

Free or Reduced Lunch rate? (must provide proof): Yes No

Receive wrist band? Yes No

Annual: Receive 1 shirt & 1 sticker? Yes No

Seasonal: Receive 1 sticker? Yes No

Staff Name: _____

Rev. 010811

Participant Name: _____ M F Birth Date ___ / ___ / ____ Age ___ Grade ___

Type of Pass: Annual Seasonal Free or Reduced Lunch? Yes No (Must provide proof of eligibility)

Please check all that apply: Skateboard Scoot Blades Other _____ (Bikes are not allowed)

Does participant have any limitations or special medical or behavioral concerns that we should be aware of (medication, allergies, or other)? _____

Parent/Guardian Name(s) _____

Address _____ City _____ Zip _____

Cell Phone: _____ Work Phone: _____ Other Phone: _____

Emergency contact name: _____ Relationship: _____ Phone: _____

Participation and Release of Liability

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the YMCA of Snohomish County and its branches. YMCA participation excludes Level 2 and Level 3 Registered Sex Offenders.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, artwork, film footage, or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Signature of Parent/Guardian: _____ Date: _____