



**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Phone: _____

The Meriden-New Britain-Berlin YMCA strongly recommends that you receive a complete physical exam prior to participating in any activities offered by the Meriden-New Britain-Berlin YMCA.

Is your physician aware that you are participating in an aerobic and/or weight training program?

 Yes No

I the undersigned represent to the YMCA that I am in good physical condition and have no physical problems that would prevent me from safely participating in an exercise program at the Meriden-New Britain-Berlin YMCA or a demo class by the Meriden-New Britain-Berlin YMCA. I understand that no willful misconduct will be tolerated. Management has the right to terminate any privileges if I fail to adhere to all rules and regulations. I agree that I am obligated to fulfill the terms of this agreement.

Waiver: I agree to indemnify and save harmless the said YMCA, its officers, patrons, agents or employees (releases) and all liability, loss damage, cost or expense which the Meriden-New Britain-Berlin YMCA and it releases may incur suffer or be required to pay if I am hurt injured or fall ill by reason of my participation in any exercise activities.

By signing below I acknowledge that I have read and fully understand the above and have answered all questions truthfully to the best of my knowledge.

Participant Signature: _____ Date: _____

MERIDEN-NEW BRITAIN-BERLIN YOUNG MEN'S CHRISTIAN ASSOCIATION, INC.

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