



WEST AUSTIN YOUTH ASSOCIATION

2009-2010 Membership Application

Please read the following information before proceeding:

- The cost of family membership is \$175 and will last from August 1st to July 31st. All memberships expire **automatically** on July 31st each year.
- Membership applies to all children 18 and under in your immediate family.
- Members 18 and under may bring one youth guest, per visit during WAYA Complex open hours. All guests must become members before visiting again. All members must check in at the front desk upon entering the complex.
- You must fill out this form in its entirety and sign the waiver and release form on the back of this page in order for your membership to be activated.**

PLEASE INCLUDE ALL OF THE FOLLOWING INFORMATION

Last Name _____ Home Phone _____

Father's name _____ Work Phone _____

Mother's name _____ Work Phone _____

Cell Phone (mother) _____ Cell Phone (father) _____

Address _____ Zip code _____

Family e-mail address _____

***Most communication done through email.**

Emergency Contact _____ Contact Phone _____

Children:

Name _____ Gender (M/F) _____

School _____ Grade _____ DOB ___/___/___

Name _____ Gender (M/F) _____

School _____ Grade _____ DOB ___/___/___

Name _____ Gender (M/F) _____

School _____ Grade _____ DOB ___/___/___

Name _____ Gender (M/F) _____

School _____ Grade _____ DOB ___/___/___

For Staff Use Only: cc/ck # _____ amt. _____ date _____ init. _____

**WEST AUSTIN YOUTH ASSOCIATION
Waiver Release**

- 1. Program:** I desire for my child to participate in activities provided by the West Austin Youth Association (WAYA).
- 2. Risks:** I understand the nature of the physical demands of such activities. I understand that the physical demands of such activities, as well as the activities themselves, may result in injury to my child, and that such injury may be severe. I have made WAYA aware of any and all medical and physical conditions that might affect my child's participation. I understand that reasonable procedures are employed by WAYA, but that unforeseen circumstances or accidental events may occur, for which WAYA, its officers, agents, representatives, coaches, volunteers, and employees cannot be held responsible. I hereby assume all ordinary risks normally incidental to the nature of this activity and program, including those risks which are not foreseeable.
- 3. Release:** I unconditionally waive and release the West Austin Youth Association, its officers, agents, representatives, coaches, volunteers, and employees, and agree to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against WAYA, its officers, agents, representatives, coaches, volunteers, and employees by any person as the result of any injuries, expenses, loss of compensation, or loss of experience as a direct or indirect result of the use of the services, facilities, instruction, or premises of the West Austin Youth Association or as a direct or indirect result of my child's participation, or from any negligence on the part of the West Austin Youth Association, including any act or failure to act.
- 4. Indemnification:** I unconditionally promise and agree to indemnify WAYA and its officers, agents, representatives, coaches, volunteers, and employees and to hold said persons harmless from any and all claims, rights, or causes of action which may be asserted against WAYA, its officers, agents, representatives, coaches, volunteers, and employees by any person as the result of any injuries (regardless of severity), expenses, loss of compensation, or loss of experience as a direct or indirect result of the use of the services, facilities, instructions, or premises of WAYA, or from any negligence on the part of WAYA, including any act or failure to act. This agreement to indemnify includes any and all money paid by WAYA, its officers, agents, representatives, coaches, volunteers, or employees to, or charged by, any person (whether by virtue of a settlement or in litigation), including attorney's fees for any parties to the claim, demand, or litigation.
- 5. Medical Accident Coverage:** I have been informed and am aware that WAYA has in force an insurance policy to provide insurance against medical and hospitalization cost only which are incurred as the result of injuries sustained by my child while engaging only in the WAYA activity for which I have completed this waiver release. I understand this coverage is secondary only to my primary medical and hospitalization insurance and will pay only those costs not paid by my own insurance coverage. Finally, I understand that WAYA insurance does not include any coverage beyond the benefits associated with medical and hospitalization expenses.
- 6. No Liability Insurance:** I have been informed and am aware that WAYA does not provide, nor is any member of my family covered by, any policy of liability insurance which would otherwise serve to compensate members of my family in the event of an injury, expense, loss of compensation, loss of service or other damage (general or special) which I or any member of my family may experience as a direct or indirect result of the use of services, facilities, instructions, or premises of WAYA, or from any negligence on the part of WAYA, its officers, agents, representatives, coaches, volunteers, or employees, including any act or failure to act.
- 7. Consideration:** I hereby acknowledge the validity and adequacy of the consideration for this release being the offering and provision of WAYA.
- 8. Binding Effect:** This agreement is binding upon me and upon my spouse, heirs, assigns, dependents, personal representatives, attorneys, and my estates. This agreement is also binding upon my child or children on whose behalf it is executed and upon any legal guardian thereof.
- 9. Entire Agreement:** This document constitutes the entire agreement between WAYA and the undersigned regarding the subjects covered hereby. All previous agreements, oral or written, are superseded and there exist no further oral or written representatives, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document.

Signed this _____ day of _____, 200____
(date) (month) (year)

Mother's signature _____

Father's signature _____